

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963950	(X3) DATE SURVEY COMPLETED R 06/26/2018
NAME OF PROVIDER OR SUPPLIER BENEVA LAKES ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 743 S. BENEVA ROAD SARASOTA, FL 34232	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted on 6/25/18 through 6/26/18 at Beneva Lakes, an assisted living facility (license #9563) in Sarasota, Florida.

This was a follow-up to the complaint survey completed on 3/14/18.

The previous deficiencies were found corrected and no new deficiencies were identified.