| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968693** | R<br>**07/18/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**LILY'S PROMISE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1958 ROLLING GREEN CIRCLE**<br>**SARASOTA, FL 34240** | |

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

**0000 - Initial Comments**

An unannounced revisit survey was conducted on 7/18/18 at Lily's Promise, an assisted living facility (license #12553) in Sarasota, Florida.

This was a follow-up to the bienniel survey completed on 4/23/18.

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