STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	**07/23/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 PROCTOR RD** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced off-hours complaint survey for CCR#2018006654 and CCR#2018007695 was conducted beginning 7/22/18 at 3:00 p.m., through 7/23/18 at Harborchase of Sarasota, an assisted living facility (license #12753), in Sarasota, Florida.

CCR#2018006654 contained 1 allegation which was unsubstantiated.
CCR#2018007695 contained 1 allegation which was unsubstantiated.

No deficiencies were found at the time of the visit.