STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911637	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **LAKEHOUSE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **3435 FOX RUN ROAD** **SARASOTA, FL 34231**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 9/4/18 at Lakehouse West, an assisted living facility (license #5850) in Sarasota, Florida.

This was a follow-up to the emergency power plan monitoring visit conducted on 7/26/18.

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