STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	R **10/17/2018**
NAME OF PROVIDER OR SUPPLIER **ATRIA SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **4540 BEE RIDGE ROAD** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted 10/17/18 at Atria Sarasota, an assisted living facility (license #5851) in Sarasota, Florida.

This was a follow-up to the complaint survey completed on 8/7/18.

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