STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	**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 off hours complaint survey for CCR#2018012914 and CCR#2018012320 was completed 10/17/18 at Atria Sarasota, an assisted living facility (license #5851) in Sarasota, Florida.

Complaint #2018012914 contained 1 allegation which was unsubstantiated
Complaint #2018012320 contained 1 allegation which was unsubstantiated.

No deficiencies were found at the time of the visit.