

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911606	(X3) DATE SURVEY COMPLETED 11/28/2018
NAME OF PROVIDER OR SUPPLIER PINES OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 NORTH ORANGE AVENUE SARASOTA, FL 34236	

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

0000 - Initial Comments

An unannounced generator monitoring survey was conducted on 11/28/18 at Pines of Sarasota, an assisted living facility (license #7450) in Sarasota Florida.

No deficiencies were found at the time of the visit.