

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967856	(X3) DATE SURVEY COMPLETED 11/28/2018
NAME OF PROVIDER OR SUPPLIER DESOTO PALMS ASSISTED LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5601 N HONORE AVE SARASOTA, FL 34235	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 11/28/18 at Desoto Palms, an assisted living facility (license #11835) in Sarasota Florida.

No deficiencies were found at the time of the visit.