STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969303	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **POET'S WALK SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5851 N HONORE AVE** **SARASOTA, FL 34231**	

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 Poet's Walk, an assisted living facility (license #13172) in Sarasota Florida.

No deficiencies were found at the time of the visit.