

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911606	(X3) DATE SURVEY COMPLETED 12/26/2018
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 announced reoccupation survey was completed on 12/26/18 at Pines of Sarasota, an assisted living facility (license # 7450) in Sarasota, Florida.

Pines of Sarasota is recommended for re-occupation effective 12/26/18 with a capacity decrease from 72 to 39.