STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953426	R **01/02/2019**
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1401 16TH STREET** **SARASOTA, FL 34236**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/2/19 at Renaissance Manor, an assisted living facility (license #5258) in Sarasota, Florida.

This was a follow-up to the complaint (CCR# 2018010591) survey completed on 10/23/18.

The previous deficiency was found corrected and no new deficiencies were identified.