STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969409	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5750 HONORE AVENUE** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring visit was conducted on 12/27/18 at Angels Senior Living at Sarasota, an assisted living facility (license #13217) in Sarasota, Florida.

No deficiencies were identified at the time of the survey.