STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969303	**03/06/2019**
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 announced complaint survey was conducted for CCR #2018017800 and CCR #2019003235 on 3/5/2019 to 3/6/2019 at Poet's Walk Sarasota, an assisted living facility (license #13172) in Sarasota, Florida.

CCR #2018017800 contained 3 allegations all of which were unsubstantiated.
CCR #2019003235 contained 1 allegation which was unsubstantiated.

No deficiencies were found at the time of the visit.