STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	**04/17/2019**
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 unannounced relicensure and capacity increase survey was conducted at Pines of Sarasota, an assisted living facility in Sarasota, Florida.

The following is description of the deficiency.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review and staff interview, the facility failed to meet the requirements for an increase in capacity and could not be approved at this time.

The finding included:

On at 10:00 a.m., the Administrator said four of the current suites would be reconfigured to have 2 bedrooms. An observation of the suites showed this had not been completed and there was no wall built for the second bedroom. The Administrator said the additional bedroom would be serviced by the bathroom down the hallway, however the bathroom down the hallway did not have a provision for bathing as there was no bathtub or shower.

A review of the architectural plans showed the bedroom to be added would be 75 square . This did not meet the requirement of 80 square for a single bedroom.

On at 11:37 a.m., the Administrator said she would have to consider reconfiguring the plan.

Class III