

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968576	(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PHILLIPPI SHORES SARASOTA, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced emergency power plan monitoring survey was conducted on 4/16/19 at Inspired Living at Sarasota, an assisted living facility in Sarasota, Florida. No deficiencies were identified at the time of the visit.		