STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969247	R **04/17/2019**
NAME OF PROVIDER OR SUPPLIER **SWEETWATER OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 PAN AMERICAN BLVD** **NORTH PORT, FL 34287**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 4/17/2019 at Sweetwater Oaks, an assisted living facility in North Port, Florida.

This was a follow-up to the complaint survey completed on 1/2/2019.

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