STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911610	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **PLYMOUTH HARBOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 JOHN RINGLING BLVD** **SARASOTA, FL 34236**	

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 4/17/19 at Plymouth Harbor, an assisted living facility in Sarasota Florida.

No deficiencies were identified at the time of the visit.