STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910533	R **02/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PHILLIPPI CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 SWIFT ROAD** **SARASOTA, FL 34231**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 2/15/17 for Brookdale Phillipi Creek, an assisted living facility (license #7102) in Sarasota, Florida. The follow-up was in response to the Biennial survey, which was completed on 12/28/16.

Based on the facility's supporting documentation, the deficiencies were corrected as of 2/15/17.