STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911216	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SARASOTA MIDTOWN**	STREET ADDRESS, CITY, STATE, ZIP CODE **2186 BAHIA VISTA STREET** **SARASOTA, FL 34239**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on 10/26/17 at Brookdale Sarasota Midtown, an assisted living facility (license #7099) in Sarasota, Florida.

No deficiencies were found at the time of the visit.