

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910533	(X3) DATE SURVEY COMPLETED R 10/24/2017
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 An unannounced revisit survey was conducted on 10/24/17 at Brookdale Phillippi Creek, an assisted living facility (license # 7102) in Sarasota, Florida. This was a follow-up to the complaint survey completed on 6/13/17. The previous deficiency was found corrected and no new deficiencies were identified.		