

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953679	(X3) DATE SURVEY COMPLETED 01/23/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 7130 BENEVA ROAD SARASOTA, FL 34238	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017012242 was conducted 1/22/18 through 1/23/18 at Savannah Grand Of Sarasota, an assisted living facility (license #8636) in Sarasota, Florida.

The complaint contained 1 allegation, of which 1 was unsubstantiated.

No deficiencies were found at the time of the visit.