STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911216	R **08/24/2018**
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

A follow-up by desk review was conducted on 8/24/18 for Brookdale Sarasota Midtown, an assisted living facility (license #7099) in Sarasota, Florida. The follow-up was in response to the reoccupation, initial limited nursing services, and capacity increase survey which was conducted on 6/21/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 8/24/18.