

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910533	(X3) DATE SURVEY COMPLETED 04/19/2019
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 complaint survey for #2019001072 was conducted on 4/17/19 through 4/19/19 at Brookdale Phillippi Creek, an assisted living facility in Sarasota, Florida. Complaint #2019001072 was unsubstantiated. No deficiencies related to this complaint were found at the time of this visit.		