STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	**08/14/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alderman Oaks Retirement Cente	**727 Hudson Avenue Sarasota, FL 34236**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-08/14/2013
0054-Medication - Records-08/14/2013
0056-Medication - Labeling And Orders-08/14/2013

An unannounced follow-up survey was conducted on 8/14/13 at Alderman Oaks an Assisted Living Facility (ALF) in Sarasota, Florida.

The facility was found to be incompliance. There were no citations as the result of this survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0054-Medication - Records 58A-5.0185(5) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2013

Administrator
Alderman Oaks Retirement Cente
727 Hudson Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a second Biennial survey revisit conducted on August 14, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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Tallahassee, FL 32308
http://ahca.myflorida.com

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