

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964447	(X3) DATE SURVEY COMPLETED 09/09/2013
NAME OF PROVIDER OR SUPPLIER Alderman Oaks Retirement Cente	STREET ADDRESS, CITY, STATE, ZIP CODE 727 Hudson Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the result of an initial Limited Nursing Service (LNS) survey by desk review of submitted materials completed on 9/6/13 to 9/9/13 for Alderman Oaks, an Assisted Living Facility (ALF).

The materials submitted were reviewed and no deficiencies were noted.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2013

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

Dear Administrator:

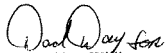
This letter reports findings of an Initial Limited Nursing Service (LNS) survey that was conducted on September 9, 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

