

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965540	(X3) DATE SURVEY COMPLETED 09/08/2014
NAME OF PROVIDER OR SUPPLIER Oppidan	STREET ADDRESS, CITY, STATE, ZIP CODE 4024 Fruitville Road Sarasota, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Service (LNS) survey was conducted 9/8/14 at Oppidan, a Assisted Living Facility in Sarasota, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2014

Administrator
Oppidan
4024 Fruitville Road
Sarasota, FL 34232

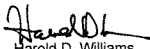
Dear Administrator:

This letter reports findings of a Limited Nursing Services survey that was conducted on September 8, 2014 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

HW: ar
Enclosure

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