STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966870	**03/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FRUITVILLE HOLDINGS - OPPIDAN, INC	**4038 FRUITVILLE ROAD SARASOTA, FL 34232**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Complaint Survey, CCR#2015001245, was conducted on 3/18/15 at Fruitville Holdings, an Assisted Living Facility in Sarasota, Florida.

There were three allegations. The allegations were not substantiated. No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2015

Administrator
Fruitville Holdings - Oppidan, Inc
4038 Fruitville Road
Sarasota, FL 34232

RE: CCR #2015001245

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 18, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact our office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec
Enclosure: State Form

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