

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965540	(X3) DATE SURVEY COMPLETED 04/01/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Services (LNS) survey was conducted on 4/1/15 at Oppidan, an Assisted Living Facility (ALF) in Sarasota, Florida. No deficiencies were found at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 8, 2015

Administrator
Oppidan
4024 Fruitville Road
Sarasota, FL 34232

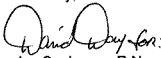
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 1, 2015 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,


Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

