STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	**02/07/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Biennial survey and Limited Nursing Services survey were conducted from 2/6/17 through 2/7/17 at Alderman Oaks Retirement Center, an assisted living facility (license # 8979) in Sarasota, Florida.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 10, 2017

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

Dear Administrator:

This letter reports findings of a state relicensure and Limited Nursing Services survey that was completed on February 7, 2017 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/arb
Enclosure: State (5000-3547) Form

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