STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965540	**03/01/2017**
NAME OF PROVIDER OR SUPPLIER **FRUITVILLE HOLDINGS - OPPIDAN, INC.**	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 LNS (Limited Nursing Services) survey was conducted on 3/1/17 at Fruitville Holdings - Oppidan, Inc, an assisted living facility (license # 9876) in Sarasota, Florida.

No deficiencies were found at the time of the visit.