

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964447	(X3) DATE SURVEY COMPLETED 06/28/2017
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 capacity increase survey was conducted on 6/28/17 at Alderman Oaks, an assisted living facility (license #8979) in Sarasota, Florida. No deficiencies were found at the time of this survey. Recommend capacity increase as requested.		