STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967574	**07/09/2018**
NAME OF PROVIDER OR SUPPLIER **TINA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1172 TARPON AVENUE** **SARASOTA, FL 34237**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2018004270 was completed on 7/9/18 at Tina's ALF, an assisted living facility (license # 11606) in Sarasota, Florida.

No deficiencies were found at the time of the visit.