

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967574	(X3) DATE SURVEY COMPLETED 09/17/2018
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 emergency power plan monitoring survey was conducted on 9/17/18 at Tina's ALF, an assisted living facility (license #11606) in Sarasota, Florida.

No deficiencies were found at the time of the visit.