STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	**01/18/2019**
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 emergency power plan monitoring survey was conducted on 1/18/19 at Alderman Oaks, an assisted living facility (license #8979) in Sarasota, Florida.

No deficiencies were identified at the time of the visit.