STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967574	**02/07/2019**
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 abbreviated biennial survey was conducted on 2/7/19 at Tina's ALF, an assisted living facility (license #11606) in Sarasota, Florida.

No deficiencies were found at the time of the visit.