

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953701	(X3) DATE SURVEY COMPLETED R 06/08/2015
NAME OF PROVIDER OR SUPPLIER ASHTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4151 ASHTON ROAD SARASOTA, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced follow-up to the Extended Congregate Care (ECC) survey was conducted on 6/8/15 at Ashton Place, an Assisted Living Facility (ALF) in Sarasota, Florida. This was a follow-up to the Extended Congregate Care survey on 3/31/15. The citation was cleared by this follow-up and no other deficiencies were found at the time of the visit.		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11953701

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/8/2015

Name of Facility
ASHTON PLACE

Street Address, City, State, Zip Code
4151 ASHTON ROAD
SARASOTA, FL 34233

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix AE207	06/08/2015	ID Prefix		ID Prefix	
Reg. # 58A-5.030(8) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
#FES

Date:
6-15-15

Signature of Surveyor:
Claire M. Gillivray, RNS

Date:
6-15-15

Followup to Survey Completed on:

3/31/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

Administrator
Ashton Place
4151 Ashton Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 8, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

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