

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911459	(X3) DATE SURVEY COMPLETED 06/26/2016
NAME OF PROVIDER OR SUPPLIER THE FOUNTAINS AT LAKE POINTE W	STREET ADDRESS, CITY, STATE, ZIP CODE 3270 LAKE POINTE BLVD SARASOTA, FL 34231	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016005011 was conducted on 6/26/16 at The Fountains at Lake Pointe Woods, an Assisted Living Facility (license #5292), in Sarasota, Florida.

The complaint contained 1 allegation which was unsubstantiated without deficiency.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/01/2016
FORM APPROVED

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 1, 2016

Administrator
The Fountains At Lake Pointe
3270 Lake Pointe Blvd
Sarasota, FL 34231

RE: CCR #2016005011

Dear Administrator:

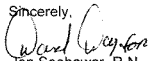
This letter reports the findings of a complaint survey completed on June 26, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact at (239) 335-1315.

Sincerely,



Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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