STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968942	**03/13/2017**
NAME OF PROVIDER OR SUPPLIER **THE FOUNTAINS OF HOPE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 JESUS WAY** **SARASOTA, FL 34240**	

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

0000 - Initial Comments

An unannounced ECC monitoring survey was conducted on 3/13/17 at The Fountains of Hope, an assisted living facility (license #2784) in Sarasota, FL.

No deficiencies were found at the time of the visit.