

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968942	(X3) DATE SURVEY COMPLETED R 09/06/2017
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 revisit survey was conducted through 9/5/17 to 9/6/17 at The Fountains of Hope, an assisted living facility (license #12784) in Sarasota, Florida.

The previous deficiency for this complaint was found corrected.