

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953701	(X3) DATE SURVEY COMPLETED R 03/14/2018
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 revisit survey was conducted on 3/14/18 at Ashton Place, an assisted living facility (license #8686) in Sarasota, Florida. This was a follow-up to the complaint survey completed on 12/28/17. The previous deficiency was found corrected and no new deficiencies were identified.		