

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968942	(X3) DATE SURVEY COMPLETED R 09/18/2018
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 on 9/18/18 at The Fountains of Hope, an assisted living facility (license #12784) in Sarasota, Florida.

This was a follow-up to the extended congregate care monitor survey completed on 7/17/18.

The previous deficiencies were found corrected and no new deficiencies were identified.