

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968942	(X3) DATE SURVEY COMPLETED 12/19/2018
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 extended congregate care and emergency power plan monitoring survey was conducted on 12/19/18 at The Fountains of Hope, an assisted living facility (license #12784) in Sarasota, Florida.

No deficiencies were found at the time of the visit.