STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	**03/31/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ashton Place	**4151 Ashton Road Sarasota, FL 34233**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-03/31/2014
0010-Admissions - Continued Residency-03/31/2014
0030-Resident Care - Rights & Facility Procedures-03/31/2014
0085-Training - Nutrition & Food Service-03/31/2014

A follow-up to the Biennial survey for Ashton Place, an Assisted Living Facility (ALF), was conducted on 3/31/14.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2014

Administrator
Ashton Place
4151 Ashton Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on March 31, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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