STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911459	**01/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Fountains At Lake Pointe W	**3270 Lake Pointe Blvd Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Biennial survey was conducted on 1/21/15, The Fountains at Lake Pointe Woods in Sarasota, Florida.

No deficiencies were noted during this survey visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 2, 2015

Administrator
The Fountains at Lake Pointe Woods
3270 Lake Pointe Blvd
Sarasota, Florida 34231

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 21, 2015 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

Jon Seehawer, RN
Field Office Manager

JS:sp
Enclosure

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