

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953701	(X3) DATE SURVEY COMPLETED 09/08/2015
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 Complaint Survey, CCR #2015005831 was conducted on 9/8/15 at Ashton Place, an Assisted Living Facility (ALF) in Sarasota, Florida.

The complaint contained one allegation which was substantiated without deficiency.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 15, 2015

Administrator
Ashton Place
4151 Ashton Road
Sarasota, FL 34233

RE: CCR #2015005831

Dear Administrator:

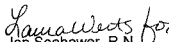
This letter reports the findings of a complaint survey completed on September 8, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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(s). Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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