

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968942	(X3) DATE SURVEY COMPLETED 01/14/2016
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 announced Initial licensure survey was completed on 1/14/16 at the Fountains of Hope Assisted Living Facility located in Sarasota, Florida.

No deficiencies were noted and no citations were issued. Based on this, recommendation is for Standard license with a Provisional Extended Congregate Care specialty.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 15, 2016

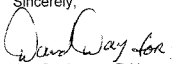
Administrator
The Fountains Of Hope
2250 Jesus Way
Sarasota, FL 34240

Dear Administrator:

This letter reports the findings of an initial Licensure survey completed on January 14, 2016 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. **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 surveyors. Should you have any questions please call 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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