

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953701	(X3) DATE SURVEY COMPLETED R 01/21/2016
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 revisit survey was conducted on 1/21/16 at Ashton Place, an Assisted Living Facility in Sarasota, Florida. This was a follow-up to the Biennial/ECC survey completed on 12/8/15.

The previous deficiencies were found corrected and no new deficiencies were identified.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11953701	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/21/2016
NAME OF FACILITY ASHTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4151 ASHTON ROAD SARASOTA, FL 34233	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0161	Correction	ID Prefix AE205	Correction	ID Prefix AE208	Correction
Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed	Reg. # 58A-5.030(6) FAC	Completed	Reg. # 58A-5.030(9) FAC	Completed
LSC	01/21/2016	LSC	01/21/2016	LSC	01/21/2016
ID Prefix AZ816	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.809(2)(a-c) FS	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/21/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>[Signature]</i>	DATE 1-25-16	SIGNATURE OF SURVEYOR <i>[Signature]</i> Robin Heimann RNS	DATE 1-25-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/8/2015

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 25, 2016

Administrator
Ashton Place
4151 Ashton Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 21, 2016 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,

Jon Seehawer, R.N.
Field Office Manager

sh

Enclosure: State Form and Revisit Report

DT9D

