

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/02/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968942	(X3) DATE SURVEY COMPLETED 07/25/2016
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 unannounced Extended Congregate Care (ECC) survey was conducted on 7/25/16 at The Fountains of Hope, an Assisted Living Facility, (license #12784), in Sarasota, Florida.
No deficiencies were noted and no citations were given.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 2, 2016

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

Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on July 25, 2016 by a representative 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, R.N.
Field Office Manager

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Enclosure: State Form

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