STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911459	**10/13/2016**
NAME OF PROVIDER OR SUPPLIER **THE FOUNTAINS AT LAKE POINTE W**	STREET ADDRESS, CITY, STATE, ZIP CODE **3270 LAKE POINTE BLVD** **SARASOTA, FL 34231**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint survey for CCR #2016008383 was conducted 10/13/16 at The Fountains At Lake Ponte Woods, an Assisted Living Facility (license #5292) in Sarasota, FL.

The complaint contained 3 allegations, of which none were substantiated

No deficiencies were found at the time of the visit.