STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911459	**02/21/2017**
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 relicensure survey was conducted 2/20/17 through 2/21/17 at The Fountains at Lake Pointe Woods, an assisted living facility (license #5292) in Sarasota, Florida.

No deficiencies were found at the time of the visit.