STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953701	**04/14/2017**
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 complaint survey for CCR# 2017004015 was conducted on 4/14/17 at Ashton Place, an assisted living facility (license #8686) in Sarasota, Florida.

The complaint contained 1 allegation, which was unsubstantiated.

No deficiencies were found at the time of the visit.