STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911459	**11/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE FOUNTAINS AT LAKE POINTE W**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 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# 2017010202 was conducted on 11/15/17 at The Fountains at Lake Pointe Woods, an assisted living facility (license #5292) in Sarasota, Florida.

The complaint contained 1 allegation, of which 1 was not substantiated.

No deficiencies were found at the time of the visit.