

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968942	(X3) DATE SURVEY COMPLETED R 12/01/2017
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 A follow-up by desk review was conducted on 12/1/17 for The Fountains of Hope, an assisted living facility (license #12784) in Sarasota, Florida. The follow-up was in response to the relicensure and extended congregate care (ECC) survey which was completed 9/6/17. Based on the facility's supporting documentation, the deficiencies were corrected as of 12/1/17.		