STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968942	**09/18/2018**
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

An unannounced complaint survey for CCR# 2018011832 & 2018012027 was conducted 9/18/18 at The Fountains of Hope, an assisted living facility (license #12784) in Sarasota, Florida.

Complaint #2018011832 contained 3 allegations, of which none were substantiated.
Complaint #2018012027 contained 2 allegations, of which none were substantiated.

No deficiencies were found at the time of the visit.