

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911459	(X3) DATE SURVEY COMPLETED 12/18/2018
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 relicensure survey was conducted 12/17/18 through 12/18/18 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.		

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