

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953701	(X3) DATE SURVEY COMPLETED 12/27/2018
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 Extended Congregate Care survey was conducted on 12/27/18 at Ashton Place, an assisted living facility (license #8686) in Sarasota, Florida.

No deficiencies were found at the time of the visit.