

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968495	(X3) DATE SURVEY COMPLETED 07/26/2013
NAME OF PROVIDER OR SUPPLIER Commons On Pretty Pond (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 38130 Pretty Pond Rd Zephyrhills, FL 33540	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A scheduled initial state licensure survey was conducted on 07/26/13.

The Commons on Pretty Pond, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2013

Administrator
Commons on Pretty Pond (The)
38130 Pretty Pond Rd
Zephyrhills, FL 33540

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on July 26, 2013, by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,


Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

