

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968254	(X3) DATE SURVEY COMPLETED 08/01/2013
NAME OF PROVIDER OR SUPPLIER Inn On The Pond	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 Greenbriar Blvd Clearwater, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Four unannounced complaint surveys, CCR# 2013005506, CCR# 2013005658, CCR# 2013007195, and CCR# 2013005975, were conducted on 8/1/13, in conjunction with an unannounced extended congregate care (ECC) monitoring visit.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 9, 2013

Administrator
Inn on The Pond
2010 Greenbriar Blvd
Clearwater, FL 33763

Re: CCR# 2013005506, CCR# 20133005658, CCR# 2013007195, CCR# 2013005975 & ECC Monitoring Visit

Dear Administrator:

This letter reports the findings of four complaint surveys completed on August 1, 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

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PRC/kpr

Enclosures: State (5000-3547) Forms

