

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/12/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966425	(X3) DATE SURVEY COMPLETED 11/07/2013
NAME OF PROVIDER OR SUPPLIER Inn At Aston Gardens At Pelican Pointe (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 9000 Ibis Way Venice, FL 34292	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On 11/07/13 a Change of Ownership (CHOW) was completed at Inn at Aston Gardens at Pelican Pointe an Assisted Living Facility (ALF).

No deficiencies were cited relevant to the survey during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2013

Administrator
Inn At Aston Gardens At Pelican Pointe (the)
9000 Ibis Way
Venice, FL 34292

Dear Administrator:

This letter reports findings of a Change of Ownership (CHOW) survey that was conducted on November 7, 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

