

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965858	(X3) DATE SURVEY COMPLETED 12/11/2013
NAME OF PROVIDER OR SUPPLIER Aston Gardens At Pelican Marsh Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 4750 Ashton Gardens Way Naples, FL 34109	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR# 2013012082 conducted on 12/11/13 through 12/12/13 at Aston Garden at Pelican Marsh, an Assisted Living Facility (ALF) located at Naples, FL.

No citations were issued as a result of this complaint survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2013

Administrator
Aston Gardens At Pelican Marsh LLC
4750 Ashton Gardens Way
Naples, FL 34109

Re: CCR #2013012082

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 11, 2013 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyors. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

