

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/30/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910478	(X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER Inn At The Fountains	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 Pasadena Avenue, S. Saint Petersburg, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/16/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2013

Administrator
Inn at the Fountains, The
1255 Pasadena Avenue, S.
Saint Petersburg, FL 33707

Dear Administrator:

This letter reports the findings of two state licensure follow-ups (desk reviews) conducted on December 16, 2013, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk reviews.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

