STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**04/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn On The Pond	**2010 Greenbriar Blvd Clearwater, FL 33763**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0053-Medication - Administration-04/02/2014
0054-Medication - Records-04/02/2014
0078-Staffing Standards - Staff-04/02/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 9, 2014

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

Dear Administrator:

This letter reports the findings of a two state licensure survey revisits and a capacity increase conducted on April 2, 2014, 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 relative to the revisits, and no deficiencies were identified relative to the capacity increase.

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 Caufman
for Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

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