

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/08/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968254	(X3) DATE SURVEY COMPLETED 04/02/2014
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)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-04/02/2014
0053-Medication - Administration-04/02/2014



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,

Paul Y. Brown
Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosures: State Forms (5000-3547)

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