

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965858	(X3) DATE SURVEY COMPLETED 03/25/2014
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)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/12/2014
0052-Medication - Assistance With Self-Admin-01/12/2014
0093-Food Service - Dietary Standards-01/12/2014

An unannounced follow-up to a Change of Ownership (CHOW) survey was conducted on 3/24/14 and 3/25/14 at Aston Gardens at Pelican Marsh, an Assisted Living Facility (ALF) located at Naples, FL.

All previous citations have been substantially improved or corrected.

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

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2014

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

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey revisit conducted on March 25, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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