

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968495	(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER Commons On Pretty Pond (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 38130 Pretty Pond Rd Zephyrhills, FL 33540	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 2014002718, was conducted on 5/23/14.

The Commons on Pretty Pond, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 2, 2014

Administrator
Commons on Pretty Pond (The)
38130 Pretty Pond Rd
Zephyrhills, FL 33540

Re: CCR# 2014002718

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 23, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC

PRC/kpr

Enclosure: State (5000-3547) Form

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