

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966236	(X3) DATE SURVEY COMPLETED 10/06/2014
NAME OF PROVIDER OR SUPPLIER Pelican Garden, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 177 Empress Ave Sebastian, FL 32958	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/06/2014
0052-Medication - Assistance With Self-Admin-10/06/2014
0054-Medication - Records-10/06/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the Extended Congregate Care (ECC) monitoring visit was conducted on October 6, 2014. Pelican Garden, LLC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2014

Administrator
Pelican Garden, LLC
177 Empress Ave
Sebastian, FL 32958

Dear Administrator:

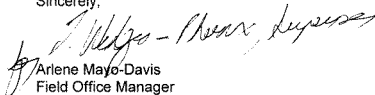
This letter reports the findings of a state licensure survey with Extended Congregate Care (ECC) revisit conducted on October 6, 2014 by a representative of this office.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

