

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968254	(X3) DATE SURVEY COMPLETED 12/30/2014
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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Assisted Living Facility

Specific Tag Findings:

A monitoring visit for Extended Congregate Care was conducted on 12/31/14.

The facility was in compliance at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 2, 2015

Administrator
Inn On The Pond
2010 Greenbriar Blvd
Clearwater, FL 33763

Dear Administrator:

This letter reports findings of a Extended Congregate Care (ECC) monitoring visit that was conducted on December 30, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Kaufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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