STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910478	**10/28/2015**
NAME OF PROVIDER OR SUPPLIER **INN AT THE FOUNTAINS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1255 PASADENA AVENUE, S.** **SAINT PETERSBURG, FL 33707**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On October 26, 2015 through October 28, 2015 a change of ownership (CHOW) survey with limited nursing services (LNS) in conjunction with complaint survey, CCR# 2015011105, was conducted at The Inn at the Fountains. There was no deficient practice identified relative to the CHOW survey with LNS.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 6, 2015

Administrator
Inn at the Fountains
1255 Pasadena Avenue, S.
Saint Petersburg, FL 33707

Re: CHOW with LNS & **CCR# 2015011105**

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on October 26-28, 2015, in conjunction with a complaint survey, CCR# 2015011105, 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 relative to the CHOW with LNS.

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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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