

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966425	(X3) DATE SURVEY COMPLETED 12/15/2015
NAME OF PROVIDER OR SUPPLIER INN AT ASTON GARDENS AT PELICAN POINTE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 9000 IBIS WAY VENICE, FL 34292	

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

0000 Initial Comments

An unannounced Change of Ownership survey was conducted on 12/14/15 through 12/15/15 at The Inn at Aston Gardens at Pelican Pointe, an assisted living facility located in Venice, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 22, 2015

Administrator
Inn At Aston Gardens At Pelican Pointe (the)
9000 Ibis Way
Venice, FL 34292

Dear Administrator:

This letter reports findings of a state licensure survey that was completed on December 15, 2015 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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