

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910478	(X3) DATE SURVEY COMPLETED 12/19/2016
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

A limited nursing services (LNS) monitoring visit was conducted at Inn at the Fountains on 12/19/16. Deficient practice was not identified during the survey.

(License # 83)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 29, 2016

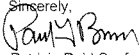
Administrator
Inn at The Fountains
1255 Pasadena Avenue, S.
Saint Petersburg, FL 33707

Dear Administrator

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on December 19, 2016, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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