

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/11/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966425</b>        | (X3) DATE SURVEY COMPLETED<br><br><b>09/28/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>INN AT ASTON GARDENS AT PELICAN POINTE (THE)</b>                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9000 IBIS WAY<br/>VENICE, FL 34292</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                  |                                                                                    |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced relicensure survey was conducted 9/27/17 through 9/28/17 at The Inn at Aston Gardens At Pelican Pointe, an Assisted Living Facility (license #10612) located in Venice, Florida.</p> <p>No deficiencies were found at the time of the visit.</p> |                                                                                    |                                                     |