

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/14/2024
NAME OF PROVIDER OR SUPPLIER EMERALD GARDENS PROPERTIES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 N 72 AVENUE PENSACOLA, FL 32506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced revisit survey was conducted on 02/14/2024 at Emerald Gardens Home, an assisted living facility in Pensacola, Florida. This was a follow up to a complaint survey originally completed on 09/21/2023. A new complaint survey was completed concurrent to this follow up. At the time of the revisit, previously cited deficiencies were found corrected.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE