

12/10/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964654

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/4/2012

Name of Facility

Street Address, City, State, Zip Code

ST AUGUSTINE PLANTATION

2507 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32301

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0165	12/04/2012	ID Prefix AZ815	12/04/2012	ID Prefix	
Reg. # 429.23 FS; 58A-5.0241 FAC LSC		Reg. # 408.809, 435.02(2), 435.06 LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

12/10/12

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

10/11/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/04/2012
NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2507 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301	
(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	{A 000}		
On 12/4/12 at St Augustine Plantation Assisted Living Facility, an unannounced complaint(CCR#2012010999) revisit was conducted. There were no deficiencies found at the time of the visit.			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

TE FORM

0899

MCHU12

If continuation sheet 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 10, 2012

Administrator
St Augustine Plantation
2507 Old St. Augustine Road
Tallahassee, FL 32301

Dear Administrator:

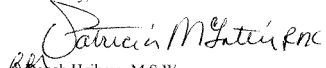
This letter reports the findings of a state licensure survey revisit conducted on December 4, 2012 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call me at 850-412-4540.

Sincerely,


Patricia McQueen, M.S.W.
Field Office Manager

DH/pm
Enclosure

JSXD

