

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/28/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 08/23/2013
NAME OF PROVIDER OR SUPPLIER St Augustine Plantation	STREET ADDRESS, CITY, STATE, ZIP CODE 2507 Old St. Augustine Road Tallahassee, FL 32301	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 8/23/13 a Complaint survey CCR 2013007200 was conducted at St. Augustine Plantation.
No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 28, 2013

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

RE: 2013007200

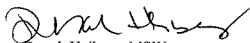
Dear Administrator:

This letter reports findings of a complaint survey that was conducted on August 23, 2013 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

IGGN

