

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 09/06/2013
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:

An unannounced standard biennial survey was conducted on 9/5/13 at St. Augustine Plantation. No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2013

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 6, 2013 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,




Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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