

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 10/10/2013
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 complaint survey (CCR#2013010304) was completed on 10/10/2013 at St. Augustine Plantation Assisted Living Facility. There were no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

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

Re: CCR #2013010304

Dear Administrator:

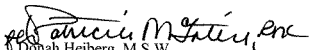
This letter reports the findings of a complaint survey completed on October 10, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

8JK1

