

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965570	(X3) DATE SURVEY COMPLETED 02/06/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At St Augustine	STREET ADDRESS, CITY, STATE, ZIP CODE 150 Mariner Health Way St Augustine, FL 32086	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0086-Training - Adrd-02/06/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 6, 2014

Administrator
Emeritus at St. Augustine
150 Mariner Health Way
St Augustine, FL 32086

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on February 6, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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 this office at (904) 798-4201.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

RED/sm
Enclosure

