STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	**07/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Augustine Plantation	**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 extended congregate care (ECC) monitoring survey was conducted July 14, 2014 at St. Augustine Plantation, Assisted Living Facility. The facility had no deficiencies at the time of the survey

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 17, 2014

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

Dear Administrator:

This letter reports findings of a state licensure extended congregate care survey that was conducted on July 14, 2014 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/pm
Enclosure

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