| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964654** | **01/02/2015** |
| 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

On 1/2/15 an unannounced Extended Congregate Care monitoring was conducted in conjunction with a revisit to a CHOW (Change of Ownership) and a revisit to a complaint CCR 2014008782 at St. Augustine Plantation. No deficiencies were cited.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2015

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

Dear Administrator:

This letter reports findings of an Extended Congregate Care monitoring survey that was conducted on January 2, 2015 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

1GGN

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