

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 02/16/2015
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

On February 16, 2015, an unannounced visit to determine expansion probability was conducted at St. Augustine Planation Assisted Living Facility in Tallahassee, FL. No issues were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 17, 2015

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

Dear Administrator:

This letter reports findings of a state licensure expansion survey that was conducted on February 16, 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,


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

DH/kb
Enclosure

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