

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/19/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 08/13/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An unannounced complaint survey, CCR 2015008082, was conducted in conjunction with an Extended Congregate Care monitoring survey at St. Augustine Plantation on 8/13/15. No deficiencies were cited.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 20, 2015

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

RE: CCR #2015008082

Dear Administrator:

This letter reports the findings of a complaint survey and an Extended Congregate Care monitoring survey completed on August 13, 2015 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,

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

DH/kb
Enclosure

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