

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 08/23/2016
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

On August 22-23, 2016 a biennial re-licensure with an Extended Congregate Care (ECC) survey in conjunction with complaint investigations CCR#2016008421 and CCR# 2016009542 were conducted at St Augustine Plantation(License#9149) Assisted Living Facility. There were no deficiencies identified related to complaint investigations survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2016

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

RE: CCR #2016008421 & 2016009542 Plus Licensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on August 23, 2016 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than October 9, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
Field Office Manager

DH/dh

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