

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965659	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2012
NAME OF PROVIDER OR SUPPLIER EMERALD GARDENS INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 2159 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments Assisted Living Facility An extended congregate care (ECC) monitoring visit was conducted on 12/20/12 in conjunction with a revisit to a biennial state licensure survey with ECC and Limited Mental Health (LMH) of 10/15/12, see (Aspen Event QPXE12), and a revisit to a complaint survey, CCR# 2012008578, of 10/15/12, see (Aspen Event BFDY12). The Emerald Gardens, Inc., assisted living facility, had no deficiencies found at the time of the visit.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6500

9Q4211

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

December 31, 2012

Administrator
Emerald Gardens Inc.
2159 McMullen Booth Road
Clearwater, FL 33759

Dear Administrator:

This letter reports the findings of a two state licensure survey revisits and an extended congregate care (ECC) monitoring visit conducted on December 20, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit, and the State (3020) Form, which indicates no deficiencies were found at the time of the visit.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: Revisit Reports and State Form 3020

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