

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967671	(X3) DATE SURVEY COMPLETED 09/24/2013
NAME OF PROVIDER OR SUPPLIER Emerald Gardens Properties, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 N 72 Avenue Pensacola, FL 32506	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Biennial Licensure and Limited Nurse Services survey was conducted September 23-24, 2013 at Emerald Gardens Properties, Llc, Pensacola, FL. No deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2013

Administrator
Emerald Gardens Properties, LLC
1012 N 72 Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports findings of a state licensure survey including limited nursing services that was conducted on September 24, 2013 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia M. Galt, M.S.W.
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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