

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968402	(X3) DATE SURVEY COMPLETED 01/27/2014
NAME OF PROVIDER OR SUPPLIER Spring Gardens Of Orange Park, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Sandlewood Cir Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced initial Limited Nursing Services (LNS) survey was conducted at Spring Gardens of Orange Park, in Orange Park, Florida on January 27, 2014. No deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2014

Administrator
Spring Gardens of Orange Park, Inc.
2550 Sandlewood Cir
Orange Park, FL 32065

Dear Administrator:

This letter reports findings of a state initial Limited Nursing Services licensure survey that was conducted on January 27, 2014 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 this office at (904) 798-4201.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JG/RED/sm
Enclosure

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