

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967671	(X3) DATE SURVEY COMPLETED 02/05/2014
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 Financial Monitoring survey was conducted on 2/5/2014. Emerald Gardens Assisted Living Facility had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 6, 2014

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

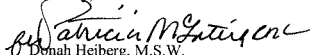
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 5, 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 me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

IGGN

