

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967671	(X3) DATE SURVEY COMPLETED 11/10/2014
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 visit was made to Emerald Gardens on 11/10/2014 for the Limited Nursing Service (LNS) monitoring. A Financial Monitoring visit was conducted concurrently. There was no problems noted during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2014

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

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services and Financial Monitoring survey that was conducted on November 10, 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,


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

DH/kb
Enclosure

1GGN

