STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	**02/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Gardens Inc.	**2159 McMullen Booth Road Clearwater, FL 33759**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0000-Initial Comments-
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2015

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

Dear Administrator:

This letter reports the findings of a desk review, to a Biennial and Extended Congregate Care survey, conducted on February 10, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State Form (5000-3547)

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