

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967671	(X3) DATE SURVEY COMPLETED 01/24/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (#2016014433) was conducted at Emerald Gardens Properties, LLC on 1/24/17. The complaint was not substantiated and the facility met requirements.		