

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967671	(X3) DATE SURVEY COMPLETED R 09/05/2017
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

An unannounced revisit survey was conducted on 9/5/17 at Emerald Gardens Properties (license # 11667). There were no deficiencies at the time of the visit.