

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967671	(X3) DATE SURVEY COMPLETED 07/24/2018
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 On 7/24/18, an unannounced monitoring visit was conducted at at Emerald Gardens Assisted Living Facility (license # 11667) to complete a generator assessment. At the time of survey, there were no deficiencies.		