

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED R 04/24/2017
NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE PLANTATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2507 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit Change of Ownership (CHOW) licensure survey was completed on April 24, 2017 for St. Augustine Plantation Assisted Living Facility, license number 9149. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.