

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965570	(X3) DATE SURVEY COMPLETED R 07/06/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ST AUGUSTINE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 MARINER HEALTH WAY ST AUGUSTINE, FL 32086	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		