

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 09/19/2017
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

An unannounced monitoring visit for extended congregate care was conducted at St. Augustine Plantation, license #9149, in Tallahassee FL on 9/19/2017. At the time of the survey, no deficient practice was identified.