STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	**02/14/2018**
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 Extended Congregate Care monitoring visit was conducted at St. Augustine Plantation, license #9149, in Tallahassee FL on 2/14/2018. At the time of the survey, no deficient practice was identified.