STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	**05/09/2018**
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 unannounced complaint survey for allegations contained within CCR#2018002307 was conducted at St. Augustine Plantation, state license #9149, an assisted living facility in Tallahassee, FL on 5/9/18. No deficient practice was identified at the time of the survey.