

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 05/30/2018
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#2018006046 was conducted at St. Augustine Plantation Assisted Living Facility, on 5/30/18. License #9149. At the time of survey, no deficiencies were found.		