

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 07/05/2018
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

On 7/5/2018 an unannounced off-hours complaint survey for allegations contained within CCR#2018008517 was conducted at St Augustine Plantation (license #9149). An extended congregate care monitoring survey was conducted in conjunction. No deficient practice was identified at the time of the survey.