

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968369	(X3) DATE SURVEY COMPLETED 07/19/2018
NAME OF PROVIDER OR SUPPLIER LEGACY AT ST JOHNS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 100 HILLCREST HEIGHTS AVE ST JOHNS, FL 32259	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On July 19, 2018 an unannounced biennial re-licensure survey with Extended Congregate Care license was conducted at The Legacy at St Johns (License #12250). Deficient Practice was not identified during the survey.