

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 08/23/2018
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 (CCR# 2018009967 and 2018010939) in conjunction with Biennial survey with speciality license Extended Congregate Care and Generator Monitoring was conducted at St. Augustine Plantation Assisted Living Facility, license number 9149 on August 22-23, 2018. At the time of the survey, the complaint allegations were found not substantiated.