STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	R **10/08/2018**
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 revisit to the biennial survey in conjunction with a complaint survey (CCR# 2018012725) was conducted at St. Augustine Plantation Assited Living Facility, license number 9149 on 10/8/18. At the time of survey, the deficiencies were found to be corrected.