

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964654	(X3) DATE SURVEY COMPLETED 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 complaint survey (CCR# 2018012725) in conjunction with a revisit to the biennial survey was conducted at St. Augustine Plantation Assisted Living Facility, license number 9149 on 10/8/18. No deficient practice was identified at the time of the survey.