STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965570	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ST AUGUSTINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 MARINER HEALTH WAY** **ST AUGUSTINE, FL 32086**	

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

0000 - Initial Comments

An unannounced complaint survey, (CCR #2018013953) was conducted on 12/10-11/18 at Brookdale St. Augustine. No deficient practice was found on the date of the survey.