STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965570	C **05/09/2019**
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#2019002058) was conducted on 5/8/19 at Brookdale St. Augustine, license number #9908. Deficient practice was not found on the date of the survey.