STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965442	12/10/2015
NAME OF PROVIDER OR SUPPLIER **BUCKINGHAM SMITH ASSISTED LIVI**	STREET ADDRESS, CITY, STATE, ZIP CODE **169 MARTIN LUTHER KING AVENUE SAINT AUGUSTINE, FL 32084**	

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

0000 Initial Comments

On December 10, 2015 a Limited Nursing Services survey was conducted at Buckingham Smith Assisted Living. Deficient practice was not identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 15, 2015

Administrator
Buckingham Smith Assisted Living
169 Martin Luther King Avenue
Saint Augustine, FL 32084

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on December 10, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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