

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968988	(X3) DATE SURVEY COMPLETED 05/25/2016
NAME OF PROVIDER OR SUPPLIER SILVER TREASURES AT ST AUGUSTINE	STREET ADDRESS, CITY, STATE, ZIP CODE 3552 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084	

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

0000 Initial Comments

On May 25, 2016 an initial licensure assisted living survey with Extended Congregate Care was conducted at Silver Treasures at St. Augustine. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 25, 2016

Administrator
Silver Treasures At St. Augustine
3552 North Ponce DeLeon Blvd.
Saint Augustine, FL 32084

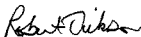
Dear Administrator:

This letter reports the findings of an initial Licensure and Extended Congregate Care survey conducted on May 25, 2016 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,


for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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