

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/03/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969061	(X3) DATE SURVEY COMPLETED 10/17/2016
NAME OF PROVIDER OR SUPPLIER SILVER CREEK ST AUGUSTINE LLLP	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SILVER LN SAINT AUGUSTINE, FL 32084	

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

0000 Initial Comments

On October 17, 2016 an initial licensure assisted living survey was conducted at Silver Creek Saint Augustine. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 3, 2016

Administrator
Silver Creek St. Augustine LLP
165 Silver Lane
Saint Augustine, FL 32084

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 17, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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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