

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/27/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910307	(X3) DATE SURVEY COMPLETED 01/13/2017
NAME OF PROVIDER OR SUPPLIER BVM CORAL LANDING ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 OLD MOULTRIE ROAD SAINT AUGUSTINE, FL 32086	

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

0000 Initial Comments

A complaint investigation (CCR #2016014167) was conducted at BVM Coral Landing Assisted Living Facility on 01/16/2017. BVM Coral Landing Assisted Living Facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 27, 2017

Administrator
BVM Coral Landing Assisted Living
2820 Old Moultrie Road
Saint Augustine, FL 32086

RE: CCR #2016014617

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 13, 2017 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

Amanda Wischart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/AW/sm
Enclosure

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