STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969115	**02/20/2017**
NAME OF PROVIDER OR SUPPLIER **SYMPHONY AT ST AUGUSTINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 STATE ROAD 16** **SAINT AUGUSTINE, FL 32084**	

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

0000 Initial Comments

On February 20,2017 an intial licensure survey with Limited Nursing Services was conducted at Symphony at St. Augustine Assisted Living Facility. Deficient practice was not identified during the survey.