STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969061	R **07/28/2017**
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

The deficiency was corrected at the time of the desk review.

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