STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968369	R **09/13/2017**
NAME OF PROVIDER OR SUPPLIER **LEGACY AT ST JOHNS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 HILLCREST HEIGHTS AVE** **ST JOHNS, FL 32259**	

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.