STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969061	**09/11/2017**
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

On 09/28/2017, a complaint investigation (CCR #2017006992) was conducted at Silver Creek Assisted Living (Lic # 12928). There were no deficiencies at the time of the visit.