STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968907	**11/14/2017**
NAME OF PROVIDER OR SUPPLIER **RIVERSIDE COTTAGES AT THE SHORES**	STREET ADDRESS, CITY, STATE, ZIP CODE **471 SHORES BLVD** **SAINT AUGUSTINE, FL 32086**	

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

0000 - Initial Comments

A biennial licensure survey was conducted at Riverside Cottages at the Shores on November 14, 2017. Deficiencies were not identified.