STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969061	**12/14/2017**
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

An unannounced Limited Nursing Services monitoring visit was conducted on December 14, 2017 at Silver Creek Assisted Living in St Augustine, Florida. No deficiencies were found at the time of the visit.

Licence # AL 12928