STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965442	R **12/27/2017**
NAME OF PROVIDER OR SUPPLIER **BUCKINGHAM SMITH ASSISTED LIVI**	STREET ADDRESS, CITY, STATE, ZIP CODE **169 MARTIN LUTHER KING AVENUE** **SAINT AUGUSTINE, FL 32084**	

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

0000 - Initial Comments

All of the deficiencies were corrected at the time of the desk review.