STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965744	R **01/09/2018**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER ST AUGUSTINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **230 TOWERVIEW DRIVE** **SAINT AUGUSTINE, FL 32092**	

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

0000 - Initial Comments

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