

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965032	(X3) DATE SURVEY COMPLETED 01/16/2018
NAME OF PROVIDER OR SUPPLIER PAVILION AT BAYVIEW (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 161 B MARINE STREET SAINT AUGUSTINE, FL 32084	

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

0000 - Initial Comments

A complaint investigation (CCR #2017013430) was conducted at Pavilion At Bayview Assisted Living Facility on 01/16/2018. No deficiencies were identified at the time of the investigation.