

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965442	(X3) DATE SURVEY COMPLETED R 03/12/2018
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM SMITH ASSISTED LIVI	STREET ADDRESS, CITY, STATE, ZIP CODE 169 MARTIN LUTHER KING AVENUE SAINT , FL 32084	

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

0000 - Initial Comments

The deficiency was found corrected at the time of the desk review.