

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969061	(X3) DATE SURVEY COMPLETED 03/05/2018
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

A complaint investigation (CCR #2017014836) was conducted at Silver Creek St. Augustine, LLLP (License Number: 12928) on 3/5/18. Silver Creek St. Augustine, LLLP had no deficiencies at the time of the investigation.