

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910307	(X3) DATE SURVEY COMPLETED R 05/08/2018
NAME OF PROVIDER OR SUPPLIER BVM CORAL LANDING ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 OLD MOULTRIE ROAD SAINT AUGUSTINE, FL 32086	

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.