

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969115	(X3) DATE SURVEY COMPLETED 06/14/2018
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT ST AUGUSTINE	STREET ADDRESS, CITY, STATE, ZIP CODE 840 STATE ROAD 16 SAINT AUGUSTINE, FL 32084	

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

0000 - Initial Comments

On June 14, 2018 a Limited Nursing Services Survey and Complaint Investigations (CCR #2018006820 & CCR #2018004967) were conducted at the Symphony at Saint Augustine (license #12984). Deficient practice was not identified during the survey.