

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910307	(X3) DATE SURVEY COMPLETED 07/11/2018
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

On July 11, 2018 an unannounced biennial re-licensure survey was conducted at BVM Coral Landing Assisted Living (License #7135). Deficient Practice was not identified during the survey.