STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969115	**08/13/2018**
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 08/13/2018, an emergency power plan monitoring survey was conducted at Symphony at St. Augustine Assisted Living Facility. Deficient practice was not identified during the survey.