

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968369	(X3) DATE SURVEY COMPLETED 09/21/2018
NAME OF PROVIDER OR SUPPLIER LEGACY AT ST JOHNS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 100 HILLCREST HEIGHTS AVE ST JOHNS, FL 32259	

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

0000 - Initial Comments

On September 21, 2018, a capacity increase survey was conducted for the Legacy at St. Johns. Deficient practice was not identified during the survey.