STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910307	**10/23/2018**
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

A complaint investigation (CCR #2018012049) was conducted at Bvm Coral Landing Assisted Living (License #7135) on 10/23/2018. Bvm Coral Landing had no deficiencies at the time of the investigation.