STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965032	**09/19/2018**
NAME OF PROVIDER OR SUPPLIER **PAVILION AT BAYVIEW (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **161 B MARINE STREET** **SAINT AUGUSTINE, FL 32084**	

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

0000 - Initial Comments

On September 19, 2018 an unannounced biennual re-licensure survey with Emergency Power Plan monitoring was conducted at the Pavilion at Bayview Assisted Living (state license #9470). Deficient practice was not identified during the survey.