STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965032	**12/11/2018**
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 December 6-11, 2018 an initial unnanounced Limited Nursing Service survey was conducted at Pavilion at Bayview. Deficient practice was not identified during the survey.