STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968988	**01/02/2019**
NAME OF PROVIDER OR SUPPLIER **SILVER TREASURES AT ST AUGUSTINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3552 N PONCE DE LEON BLVD** **SAINT AUGUSTINE, FL 32084**	

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

0000 - Initial Comments

On January 2, 2019 an Extended Congregate Care survey was conducted at Silver Treasures at St Augustine. Deficient practice was not identified during the survey.