STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969115	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **SYMPHONY AT ST AUGUSTINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 STATE ROAD 16** **SAINT AUGUSTINE, FL 32084**	

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

0000 - Initial Comments

A complaint investigation (CCR 2019000671 & CCR #2019002542) was conducted at Symphony at St. Augustine on 4/22/2019 thru 4/23/2019. The provider had no deficiencies at the time of the visit.