

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969061	(X3) DATE SURVEY COMPLETED 06/12/2019
NAME OF PROVIDER OR SUPPLIER SILVER CREEK ST AUGUSTINE LLLP	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SILVER LN SAINT AUGUSTINE, FL 32084	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019004050) was conducted at Silver Creek ALF on 6/12/19. The provider had no deficiencies at the time of the survey.