

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/14/2023
NAME OF PROVIDER OR SUPPLIER THE WATERFORD AT CARPENTER'S CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments On March 14, 2023, an unannounced desk review revisit survey was completed for the complaint investigation (2022016399) ending December 7, 2022 at The Waterford At Carpenter's Creek. Based on documentation the deficiency was found to be corrected.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STREET ADDRESS, CITY, STATE, ZIP CODE

THE WATERFORD AT CARPENTER'S CREEK

**5918 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503**

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