

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964582	(X3) DATE SURVEY COMPLETED 01/30/2017
NAME OF PROVIDER OR SUPPLIER THE WATERFORD AT CREEKSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 9015 UNIVERSITY PARKWAY PENSACOLA, FL 32514	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring visit was conducted in conjunction a complaint survey for allegations contained within CCR#2017000515 on January 30, 2017 at The Waterford at Creekside, license #9068. No deficient practice was identified at the time of this survey.