

**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

On January 30, 2017, an unannounced complaint survey for allegations contained within CCR# 2017000151 was conducted at The Waterford at Creekside Assisted Living facility. An Extended Congregate Care monitoring visit was conducted in conjunction. No deficiencies were identified at the time of the survey.