STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968651	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **CRANES VIEW LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 HOOKS ST** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

A complaint investigation (CCR#2017000917 and CCR#2017001056) was conducted at Cranes View Lodge Assisted Living Facility (facility license number 12546) on 3/15/2017. Cranes View Lodge Assisted Living Facility had no deficiencies at the time of the investigation.