STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969055	**09/05/2017**
NAME OF PROVIDER OR SUPPLIER **SILVER CREST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1010 DARLINGTON CT** **KISSIMMEE, FL 34758**	

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

0000 - Initial Comments

A complaint investigation #2017006321 was conducted on 09/05/2017. Silver Crest Home, license #12867, had no deficiencies at the time of the visit.