

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964582	(X3) DATE SURVEY COMPLETED 06/22/2017
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 monitoring visit for extended congregate care was conducted in conjunction with a complaint survey for allegations contained within CCR#2017006635 and CCR#2017005238 at The Waterford at Creekside Assisted Living Facility (license #9068) on 06/22/2017. No deficient practice was identified at the time of the survey.