STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964582	**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 complaint survey for allegations contained within CCR#2017006635 and CCR#2017005238 was conducted in conjunction with a monitoring visit for extended congregate care 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.