

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964582	(X3) DATE SURVEY COMPLETED 11/09/2017
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 Extended Congregate Care monitoring visit was conducted in conjunction with a complaint survey for allegations contained within CCR# 2017010036 at The Waterford At Creekside Assisted Living Facility (license #9068) on 11/9/2017. At the time of the survey, deficient practice was identified regarding the compliant survey.