

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964582	(X3) DATE SURVEY COMPLETED 12/05/2017
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#2017013210 was conducted at The Waterford at Creekside, license # 9068, in Pensacola FL on 12/5/2017. At the time of the survey, no deficient practice was identified.