STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910470	**12/20/2017**
NAME OF PROVIDER OR SUPPLIER **THE WATERFORD AT CARPENTER'S CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **5918 NORTH DAVIS HIGHWAY** **PENSACOLA, FL 32503**	

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

0000 - Initial Comments

An unannounced state licensure complaint survey was conducted on 12/20/2017 related to allegations contained in CCR# 2017011833. The Waterford at Carpenter's Creek Assisted Living Facility (Florida License # 7222) had no deficiencies at the time of the visit.