STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964723	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **CRESCENT LAKE HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 S. HWY. 17** **CRESCENT CITY, FL 32112**	

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

0000 - Initial Comments

On April 17, 2018 an unannounced, biennial licensure with LNS survey was conducted at Crescent Lake House Assisted Living Facility. No Deficient practice was identified during the survey.