

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968651	(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER CRANES VIEW LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOOKS ST CLERMONT, FL 34711	

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

0000 - Initial Comments

An unannounced complaint survey CCR #2018008972 was conducted on 07/11/2018 at Crane's View Lodge, license # 12546. No deficient practice was identified during the survey.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/17/2018
FORM APPROVED

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