STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969055	R **08/14/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER CREST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

0000 - Initial Comments

The revisit to the Assisted Living Facility (ALF) re-licensure survey conducted on 8/14/18. Silver Crest Home license # 12867 had no deficiencies found at the time of the visit.