

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964723	(X3) DATE SURVEY COMPLETED 05/10/2018
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

An unannounced complaint survey CCR #2018006389 was conducted on at Crescent Lake House, License Number 9265. Deficient practice was identified during the survey.