STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964723	R **09/19/2018**
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 September 19, 2018, an unannounced follow-up to a complaint (CCR #2018006389) survey was conducted at Crescent Lake House Assisted Living Facility (License #9265). No deficient practice was identified at the time of the survey.