

**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 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 Emergency Power Plan Monitoring Survey was conducted at Crescent Lake House Assisted Living Facility (License #9265). No deficient practice was identified at the time of the survey.

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ADMINISTRATION**

PRINTED: 12/17/2018
FORM APPROVED

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