

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967456	(X3) DATE SURVEY COMPLETED R 10/25/2018
NAME OF PROVIDER OR SUPPLIER SILVER CREEK ASSISTED LIVING ST CLOUD	STREET ADDRESS, CITY, STATE, ZIP CODE 2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 10/25/18 Desk Review conducted to Monitoring visit. Silver Creek Assisted Living St. Cloud had no deficiencies at the time of the review.		