

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969055	(X3) DATE SURVEY COMPLETED R 10/30/2018
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

10/30/18 desk review conducted to complaint #2017014068. Silver Crest Home, license #12867, had no deficiencies at the the of the review.