

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968651	(X3) DATE SURVEY COMPLETED R-C 08/30/2017
NAME OF PROVIDER OR SUPPLIER CRANES VIEW LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOOKS ST CLERMONT, FL 34711	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On August 30th, 2017 a desk review follow-up was conducted on Cranes View Lodge Assisted Living Facility (lic#12546). No deficient practice was identified.