STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968651	R-C **10/06/2017**
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 . . . . . , . . a desk review was conducted on Cranes View Lodge Assisted Living (lic.#12546). Based on the review no deficient practice was identified at this time.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC