

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969055	(X3) DATE SURVEY COMPLETED R 03/13/2019
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 A revisit to complaint investigation #2018015946 was conducted on 3/13/2019. Silver Crest Home license #12867 had no deficiencies found at the time of the visit.		