

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964723	(X3) DATE SURVEY COMPLETED C 02/28/2019
NAME OF PROVIDER OR SUPPLIER CRESCENT LAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2301 S. HWY. 17 CRESCENT CITY, FL 32112	

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

0000 - Initial Comments

On 02/28/2019, an unannounced complaint survey investigation (CCR# 2018017772) was conducted at Crescent Lake House an Assisted Living Facility in Crescent City, FL. No deficient practice was identified at the time of visit.