STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	**08/30/2019**
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ASSISTED LIVING ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2910 OLD CANOE CREEK ROAD** **SAINT CLOUD, FL 34772**	

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

0000 - Initial Comments

A generator monitoring was conducted at Silver Creek Assisted Living on 08/28/2019. No deficiencies were identified at the time of the visit.