

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969164	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER EASTON'S PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2301 W JAMES LEE BLVD CRESTVIEW, FL 32536	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An announced initial survey was conducted on 2/23/17 at Easton's Place at 2301 West James Lee Boulevard, Crestview, Florida. No deficient practice was identified at the time of the survey.		