

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED R 03/07/2017
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK LIFE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4279 JUDITH AVE MERRITT ISLAND, FL 32953	

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

0000 - Initial Comments

A revisit to an Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring visit was conducted on 03/07/2017. Cedar Creek Life Care Center license # 10541 had no deficiencies at the time of the visit.