STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910367	**04/07/2017**
NAME OF PROVIDER OR SUPPLIER **CRESTHAVEN EAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 CRESTHAVEN BLVD.** **HAVERHILL, FL 33415**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017000264 and 2017000996 was conducted on 04/07/2017 at Cresthaven East.. license # 4769. The facility had no deficiencies at the time of the investigation.