

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965581	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER CREST MANOR ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 504 THIRD AVENUE SOUTH LAKE WORTH, FL 33460	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An abbreviated Relicensure survey was conducted on 6/7/2017 at Crest Manor Assisted living Facility (License #10028). The facility had no deficiencies identified at the time of the survey .		