

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910367	(X3) DATE SURVEY COMPLETED R 06/27/2017
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 revisit to the licensure complaint survey CCR #2017001755, was conducted on 6/27/2017 at Cresthaven East (License #4769). There were no deficiencies during the time of the survey.