

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910367	(X3) DATE SURVEY COMPLETED 09/26/2017
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#2017006192, was conducted on September 26, 2017 at Cresthaven East, License #4769. The facility had no deficiencies at the time of the investigation.