

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED 10/09/2017
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

Complaint investigations #2017008356 and #2017008361 were conducted on October 9, 2017. Cedar Creek Life Center, license #10541, had no deficiencies related to #2017008356 at the time of the visit.