

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910367	(X3) DATE SURVEY COMPLETED 10/24/2017
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# 2017008162, was conducted on 10/24/17 at Cresthaven East, License # 4769. The facility had no deficiencies at the time of the investigation.		