

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER CRESTVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 603 NORTH PEARL STREET CRESTVIEW, FL 32536	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit survey was completed on July 24, 2017 for Crestview Manor, state license #5649. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.