STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968841	R **11/13/2017**
NAME OF PROVIDER OR SUPPLIER **CRESTWOOD HOUSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **848 CRESTWOOD AVE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A revisit was to the re-licensure survey was conducted on 11/13/2017. Crestwood House LLC. Assisted Living (License #12735) had no deficiencies at the time of the visit.