

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968841	(X3) DATE SURVEY COMPLETED 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 a complaint investigation #2017009157 was conducted on 11/13/2017. Crestwood House LLC. Assisted Living (License #12735) had no deficiencies at the time of the visit.