

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED 10/10/2017
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

An unannounced complaint survey for allegations contained within CCR#2017010621 was conducted on 10/10/2017 at Crestview Manor assisted living facility (license #5649). This was done in conjunction with an Extended Congregate Care monitoring visit. At the time of the survey, deficient practice was identified in relation to the monitoring visit.