

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/10/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED 12/20/2017
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK LIFE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4279 JUDITH AVE MERRITT ISLAND, FL 32953	

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

0000 - Initial Comments

A complaint investigation #2017010688 was conducted on 12/20/2017. Cedar Creek Life Center, License#10541, did not have deficiencies at the time of the visit.