

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED R 01/13/2018
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 01/03/18 Desk review completed to complalint #2017008361. Cedar Creek Life Center, license #10541, had no deficient practice at the time of the review.		