

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED R 01/11/2018
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

A desk review revisit survey was completed on January 11, 2018 for the Extended Congregate Care monitoring survey dated October 10, 2017 at Crestview Manor, assisted living facility (license #5649). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.