

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910367	(X3) DATE SURVEY COMPLETED 01/17/2018
NAME OF PROVIDER OR SUPPLIER CRESTHAVEN EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 CRESTHAVEN BLVD. HAVERHILL, FL 33415	

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

0000 - Initial Comments

Unannounced licensure Complaint investigation, CCR#2017010608 and CCR#2017010741, were conducted on December 19th and 20th, 2017, and January 9th and 17th at Cresthaven East, License #4769. The facility had no deficiencies at the time of the investigation.