STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965581	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **CREST MANOR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **504 THIRD AVENUE SOUTH** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2017010686 was conducted at Crest Manor Assisted Living Facility, License #11965581 on December 18, 2017. The facility had no deficiencies identified at the time of the visit.