STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910367	**02/28/2018**
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

An unannounced complaint survey (CCR#2017014821) was conducted on 2/28/2018 at Cresthaven East Assisted Living Facility (License #4769). The facility had no deficiencies at the time of the visit.