

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED R 03/09/2018
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

On 3/9/18, a desk review survey was completed for the Extended Congregate Care monitoring visit that was conducted on 02/01/2018 at Crestview Manor assisted living facility (license #5649). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.