

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966948	(X3) DATE SURVEY COMPLETED R 03/12/2018
NAME OF PROVIDER OR SUPPLIER CARINGTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3215 EAST JAMES LEE BLVD CRESTVIEW, FL 32539	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

On March 12, 2018, a desk review revisit survey was conducted for the licensure survey dated February 1, 2018 at Carington Manor, state license #11068, an assisted living facility in Crestview, FL. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected.