

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED R 06/19/2018
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 4279 JUDITH AVE MERRITT ISLAND, FL 32953	

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

0000 - Initial Comments

A revisit to the Change of Ownership survey was conducted on 06/19/2018. Cedar Creek Life Center, License#10541, did not have deficiencies at the time of the visit.