

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965787	(X3) DATE SURVEY COMPLETED 07/03/2018
NAME OF PROVIDER OR SUPPLIER CRESCENT PARK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 REDSTONE AVE W CRESTVIEW, FL 32536	

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

0000 - Initial Comments

An unannounced biennial survey was conducted on July 2, 2018 through July 3, 2018 at Crescent Park Village, (license #10102). No deficient practice was identified at the time of the survey.