STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965581	R **07/19/2018**
NAME OF PROVIDER OR SUPPLIER **CREST MANOR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **504 THIRD AVENUE SOUTH** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

A revisit to licensure complaint, CCR #2018002546 was completed by desk review on 07/19/2018 for Crest Manor ALF, License #10028. The outstanding deficiency was corrected.