| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910367** | R<br>**07/16/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CRESTHAVEN EAST** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5100 CRESTHAVEN BLVD.**<br>**HAVERHILL, FL 33415** | |

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

**0000 - Initial Comments**

An unannounced relicensure revisit survey was conducted on July 16, 2018 at Cresthaven East, License #4769. The facility had no deficiencies identified at the time of the visit.