STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967380	R **08/14/2018**
NAME OF PROVIDER OR SUPPLIER **CRESTA COMFORT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18610 NW 21 AVENUE** **MIAMI GARDENS, FL 33056**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted at on August 14, 2018. Cresta Comfort Living Inc, with Limited Mental Health Services component, had no deficiencies found at time of the survey: