

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965581	(X3) DATE SURVEY COMPLETED R 09/11/2018
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

An unannounced revisit survey to licensure complaint, CCR#2018010518, was conducted on 09/11/2018 at Crest Manor Assisted Living Facility, License #10028. All outstanding deficiencies were corrected.