

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965581	(X3) DATE SURVEY COMPLETED 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 licensure complaint survey, CCR#2018008917 was conducted on 9/ 11/18 at Crest Manor ALF, License #10028. The facility had no deficiencies identified at the time of the survey.		