

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910367	(X3) DATE SURVEY COMPLETED 11/01/2018
NAME OF PROVIDER OR SUPPLIER CRESTHAVEN EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 CRESTHAVEN BLVD. HAVERHILL, FL 33415	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018012491, was conducted on 10/29/2018 - 11/01/2018 at Cresthaven East, License # 4769. The allegations were not substantiated. The facility had no deficiencies at the time of the survey.