

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/03/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968841	(X3) DATE SURVEY COMPLETED 12/03/2018
NAME OF PROVIDER OR SUPPLIER CRESTWOOD HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 848 CRESTWOOD AVE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on 12/3/18. Crestwood House (license # 12735) had no deficiencies at the time of the visit.