STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	**01/10/2019**
NAME OF PROVIDER OR SUPPLIER **PINE CREST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2835 CR 220** **MIDDLEBURG, FL 32068**	

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

0000 - Initial Comments

A complaint investigation, CCR #2019015681, was conducted at Pine Crest Manor on 01/10/2019. Deficiencies were not identified.