

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER CRESTVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 603 NORTH PEARL STREET CRESTVIEW, FL 32536	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018016629 was conducted on 12/18/18 at Crestview Manor. No deficient practice was identified at the time of this survey.