

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911315	(X3) DATE SURVEY COMPLETED R 03/11/2019
NAME OF PROVIDER OR SUPPLIER CRESCENT WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 HARRISON STREET TITUSVILLE, FL 32780	

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

0000 - Initial Comments

A revisit to a Limited Nursing Services (LNS) monitoring visit on 3/11/2019. Crescent Wood Assisted Living Facility, License #5758 had no deficiencies at the time of the visit.