

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/29/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966273	(X3) DATE SURVEY COMPLETED R 03/13/2019
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 4279 JUDITH AVE MERRITT ISLAND, FL 32953	

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

0000 - Initial Comments

A revisit to a Limited Nursing Services (LNS) monitoring was conducted on 3/13/2019. Cedar Creek Assisted Living Facility (License #10541) had no deficiencies at the time of the visit.