STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965581	**04/09/2019**
NAME OF PROVIDER OR SUPPLIER **CREST MANOR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **504 THIRD AVENUE SOUTH** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, Complaint Number 2019000681, was conducted on 03/27/2019 and 04/09/2019 at Crest Manor Assisted Living Facility, License #10028. The facility had no deficiencies at the time of the survey.