

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966948	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER CARINGTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3215 EAST JAMES LEE BLVD CRESTVIEW, FL 32539	

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

0000 - Initial Comments

On May 8, 2019, a desk review revisit survey was completed for the licensure survey ending April 15, 2019 at Carington Manor assisted living facility. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.