STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	**08/14/2019**
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 Limited Nursing Service (LNS) monitoring visit was conducted at Cedar Creek Assisted Living Facility on August 14, 2019. The facility had no deficiencies at the time of the survey.