

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968159	(X3) DATE SURVEY COMPLETED 12/09/2013
NAME OF PROVIDER OR SUPPLIER A Safe Haven Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 9000 86th Ave N Largo, FL 33777	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013009923, was conducted on 12/9/13, in conjunction with a revisit.

The A Safe Haven Assisted Living LLC, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 18, 2013

Administrator
A Safe Haven Assisted Living
9000 86th Ave N
Largo, FL 33777

Re: Revisit & CCR# 2013009923

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey conducted on December 9, 2013, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicate the previously cited deficiencies were found corrected on the day of the revisit, and no deficiencies were identified relative to the complaint survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

