STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**12/06/2013**
NAME OF PROVIDER OR SUPPLIER **Spring Haven Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 Havendale Blvd Nw Winter Haven, FL 33881**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on 12/06/13, in conjunction with five complaint surveys, CCR# 2013010319, CCR# 2013011055, CCR# 2013011752, CCR# 2013012227 and CCR# 2013012527.

The Spring Haven Retirement Community, assisted living facility, had no deficiencies relative to the CHOW survey. However, a deficiency was cited relative to the complaint surveys.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 26, 2013

Administrator
Spring Haven Retirement Community
1225 Havendale Blvd Nw
Winter Haven, FL 33881

Dear Administrator:

Re: CCR# **2013010319**, CCR# **2013011055**, CCR# **2013011752**, CCR# **2013012227**, CCR# **2013012527**, and CHOW survey

This letter reports the findings of a five complaint surveys and a change of ownership (CHOW) state licensure survey that were conducted on December 6, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was identified on the day of the visit relative to the complaint surveys. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your 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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms