STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Safe Haven Assisted Living	**9000 86th Ave N Largo, FL 33777**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-06/16/2014
0026-Resident Care - Social & Leisure Activities-06/16/2014
0028-Resident Care - Activities Of Daily Living-06/16/2014
0078-Staffing Standards - Staff-06/16/2014
0079-Staffing Standards - Levels-06/16/2014
0161-Records - Staff-06/16/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on June 16, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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