STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**09/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Spring Haven Retirement Community	**1225 Havendale Blvd Nw Winter Haven, FL 33881**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-09/23/2014
0055-Medication - Storage And Disposal-09/23/2014
0056-Medication - Labeling And Orders-09/23/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 25, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 23, 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 revisit.

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

Enclosure: State Form (5000-3547)

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