

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED 07/15/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility An unannounced complaint survey, CCR# 2015005640, was done in conjunction with a biennial state licensure survey. Spring Haven Retirement Community, had no deficiencies identified relative to the complaint survey. Deficiencies were cited relative to the biennial survey.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 24, 2015

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

RE: CCR# 2015005640

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 15, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

