



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 29, 2015

Administrator  
The Haven House at Ocala  
12980 S.W. Highway 484  
Dunnellon, FL 34430

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 25, 2015 by a representative of this office.

Enclosed 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. **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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

DT90



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 09/29/2015  
FORM APPROVED**

|                                                                 |                                                                                                |                                                      |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911641</b>                    | (X3) DATE SURVEY COMPLETED<br>R<br><b>09/25/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>THE HAVEN HOUSE AT OCALA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12980 S.W. HIGHWAY 484<br/>DUNNELLON, FL 34430</b> |                                                      |

**SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

**0000 Initial Comments**

An unannounced follow up survey to complaint survey (CCR#2015003265) was completed on September 25, 2015 at The Haven House 12980 SW Highway 484, Dunnellon, Florida 34430. The Assisted Living Facility was in substantial compliance at the time of the visit per 429.01-429.54, Part I & 408, Part II and 58A-5, 59A-35 & 58T-I.