

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/11/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968159	(X3) DATE SURVEY COMPLETED 11/30/2015
NAME OF PROVIDER OR SUPPLIER A SAFE HAVEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9000 86TH AVE N LARGO, FL 33777	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility Complaint Two unannounced complaint investigations (CCR#2015009932 & 2015011416) were conducted at Safe Harbor on 11/30/15. Safe Harbor, Assisted Living Facility, had no deficiencies at the time of this visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2015

Administrator
Safe Harbor
9000 86th Ave N
Largo, FL 33777

RE: CCR #2015009932 & 2015011416

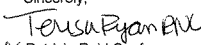
Dear Administrator:

This letter reports the findings of a complaint survey completed on November 30, 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

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