

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968265	(X3) DATE SURVEY COMPLETED 03/22/2016
NAME OF PROVIDER OR SUPPLIER SENIOR HAVEN ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6745 SW 32ND TERR MIAMI, FL 33155	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 03/22/16. Senior Haven Assisted Living Inc. did not have deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

April 5, 2016

Administrator
Senior Haven Assisted Living Inc
6745 Sw 32nd Terr
Miami, FL 33155

Dear Administrator:

This letter reports findings of a standard biennial licensure survey that was conducted on March 22, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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