STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910240	**06/22/2016**
NAME OF PROVIDER OR SUPPLIER **HEATHER HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 EDGEWATER DRIVE** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility

On 6/22/16, an abbreviated biennial re-licensure survey was conducted at Heather Haven. No deficient practice was identified during the survey.

(License number 5662)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 30, 2016

Administrator
Heather Haven
725 Edgewater Drive
Dunedin, FL 34698

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on June 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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