

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X3) DATE SURVEY COMPLETED 07/07/2016
NAME OF PROVIDER OR SUPPLIER GULF HAVEN, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 6343 ROWAN ROAD NEW PORT RICHEY, FL 34653	

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

0000 Initial Comments

Assisted Living Facility

On 7/7/16 a capacity increase survey was conducted at Gulf Haven Inc. an Assisted Living Facility. Gulf Haven Inc. had no deficiencies the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 15, 2016

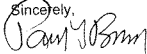
Administrator
Gulf Haven, Inc.
6343 Rowan Road
New Port Richey, FL 34653

Dear Administrator:

This letter reports findings of an initial limited mental health (LMH) state licensure survey and a capacity increase that were conducted on July 7, 2016, by representative(s) of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

1GGN

