

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965525	(X3) DATE SURVEY COMPLETED 09/22/2016
NAME OF PROVIDER OR SUPPLIER HAVENCREST II ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4244 NW 51ST STREET COCONUT CREEK, FL 33073	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on 09/22/2016 at Havencrest II ALF Inc. (License #9878). The facility had no deficiency identified at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 12, 2016

Administrator
Havencrest II Alf Inc
4244 NW 51st Street
Coconut Creek, FL 33073

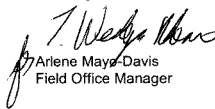
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 22, 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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