

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911641	(X3) DATE SURVEY COMPLETED R 02/13/2017
NAME OF PROVIDER OR SUPPLIER THE HAVEN HOUSE AT OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 12980 S.W. HIGHWAY 484 DUNNELLON, FL 34430	

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

0000 - Initial Comments

A desk review was conducted on 2/13/2017 as follow-up to Biennial Survey for The Haven House at Ocala (facility license number 7687). The previously cited deficiencies were cleared as a result of the desk review.