

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/27/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910077	(X3) DATE SURVEY COMPLETED R 02/23/2017
NAME OF PROVIDER OR SUPPLIER RESTHAVEN OF HARDEE COUNTY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 298 RESTHAVEN ROAD ZOLFO SPRINGS, FL 33890	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review to a Biennial Survey was conducted on 02/23/17. The deficient practice previously identified was corrected.		