STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	R **05/09/2017**
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 5/9/2017 as follow-up to Change of Ownership (CHOW) Survey for The Haven House At Ocala (facility license number 7687). The previously cited deficiencies were cleared as a result of the desk review.