STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **OAK HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **9040 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 - Initial Comments

Assisted living Facility

A complaint investigation, (CCR# 2017002008), was conducted at Oak Haven on 5/1/17 in conjunction with a change of ownership (CHOW) state licensure survey. Oak Haven, Assisted Living Facility, had no deficiencies relative to the complaint survey. Deficiencies were cited relative to the CHOW.

(License number 7684)