STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966599	R **05/15/2017**
NAME OF PROVIDER OR SUPPLIER **LUTHERAN HAVEN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 HAVEN DR** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

5/15/17 desk review completed to Limited Nursing Services monitoring visit. Lutheran Haven Assisted Living Facility, license #10765, had no deficiencies at the time of the review.