STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	R **06/02/2017**
NAME OF PROVIDER OR SUPPLIER **K'S HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7813 SW 8TH COURT** **NORTH LAUDERDALE, FL 33068**	

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

0000 - Initial Comments

A desk review revisit was conducted for a relicensure survey on 05/30/2017 and 06/02/2017 for K's Haven, Inc. (License # 12019). The facility had no deficiencies identified at the time of the survey.