

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED 06/01/2017
NAME OF PROVIDER OR SUPPLIER SPRING HAVEN RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 6/01/17, two complaint surveys, CCR# 2017003947 & CCR# 2017004836, were conducted at Spring Haven Retirement Community, Assisted Living Facility. Deficient practice was not identified at the time of the visit. (License # 5504)		