STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	R **06/14/2017**
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 revisit was conducted on 6/14/17 for Oak Haven. The deficient practice previously cited on 5/1/17 was corrected during the revisit.

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