

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968920	(X3) DATE SURVEY COMPLETED R 08/02/2017
NAME OF PROVIDER OR SUPPLIER LODGE AT LUTHERAN HAVEN (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W RD 426 OVIEDO, FL 32765	

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

0000 - Initial Comments

8/2/17 desk review completed to Initial Extended Congregate Care survey. The Lodge at Lutheran Haven, license #12811, had no deficiencies at the time of the review.