STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910077	**08/11/2017**
NAME OF PROVIDER OR SUPPLIER **RESTHAVEN OF HARDEE COUNTY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **298 RESTHAVEN ROAD** **ZOLFO SPRINGS, FL 33890**	

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

0000 - Initial Comments

Assisted Living Facility

On August 11, 2017, a complaint survey, (CCR# 2017006079) was conducted at Resthaven of Hardee County. No deficiencies were identified at the time of the visit.

(License # 5073)