STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	R **08/28/2017**
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

An unannounced Revisit to 7/13/17 Biennial survey was conducted on 8/28/17.

The Spring Haven Retirement Community, Assisted Living Facility (License #5504), had corrected all deficiencies by the time of this revisit.