STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967538	R **10/04/2017**
NAME OF PROVIDER OR SUPPLIER **SUMMERHAVEN ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **520 LANYARD LANE** **DE BARY, FL 32713**	

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

0000 - Initial Comments

An unannounced revisit survey to to follow up on 7/18/2017 for the biennial licensure survey on 4/19/2017 was conducted at Summerhaven Assisted Living Facility (License # 11576) on October 5, 2017. The facility had no deficiencies found at the time of the visit.