STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**11/14/2017**
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

Four complaint investigations, (CCR# 2017010197, CCR# 2017010201, CCR# 2017011445 and CCR# 2017011588), were conducted at Spring Haven Retirement Community on 11/14/17. Spring Haven Retirement Community, Assisted Living Facility, had no deficiencies at the time of the visit.

(License # 5504)