

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966599	(X3) DATE SURVEY COMPLETED R 11/30/2017
NAME OF PROVIDER OR SUPPLIER LUTHERAN HAVEN ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1525 HAVEN DR OVIEDO, FL 32765	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on 11/30/2017. Lutheran Haven Assisted Living Facility, License#10765, had no deficiencies found at the time of the visit.