| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968577** | R<br>**12/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HAVENCREST ON THE LAKE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1290 NW 8TH STREET**<br>**BOCA RATON, FL 33486** | |

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

**0000 - Initial Comments**

A relicensure revisit survey was conducted as a desk review on 12/28/17 for Havencrest On The Lake, license #12444. Previously cited deficiencies were found corrected.