

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942886	(X3) DATE SURVEY COMPLETED 12/27/2017
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6960 CR 95 PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017013599), was conducted at Countryside Haven, (Lic. # 5305), on 12/27/2017. Countryside Haven had no deficiencies at the time of the investigation.		