

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X3) DATE SURVEY COMPLETED R 01/10/2018
NAME OF PROVIDER OR SUPPLIER GULF HAVEN, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 6343 ROWAN ROAD NEW PORT RICHEY, FL 34653	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit to 9/7/17 & 10/24/17 complaint (CCR 2017006666) was conducted on 1/10/18 in conjunction with a revisit to 10/24/17 complaint (CCR 20702695) and complaint investigation (CCR 2017012907). The deficient practice previously cited on 9/7/17 and 10/24/17 was corrected during the visit..

(License # 9968)