STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965638	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 revisit to 10/24/17 complaint (CCR 2017012695) was conducted on 1/10/18 in conjunction with a 2nd revisit to 9/7/17 & 0/24/17 complaint (CCR 20600666) and a complaint investigation (CCR 2017012907) at Gulf Haven, Inc. The deficient practice previously cited on 10/24/17 was corrected during the visit.

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