STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969007	**05/11/2018**
NAME OF PROVIDER OR SUPPLIER **TRUDIE'S HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1404 HOLLOMAN RD** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey with Limited Mental Health services was conducted on 5/11/18.

Trudie's Haven, Assisted Living Facility (License #12847), had no deficiencies at the time of this visit.