

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED R 05/21/2018
NAME OF PROVIDER OR SUPPLIER SPRING HAVEN RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to 3/12/18 for CCR#2017015435 was conducted on 5/21/18 for Spring Haven Retirement Community assisted living facility in conjunction with a 2nd revisit for a change of ownership (CHOW) for 1/16/18 and 3/12/18 and a complaint survey, CCR#2018003349. The deficient practice previously cited on 3/12/18 was corrected during the revisit.

(License # 5504)