STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	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 2nd revisit for a change of ownership (CHOW) for 1/16/18 and 3/12/18 was conducted on 5/21/18 for Spring Haven Retirement Community assisted living facility in conjunction with a Revisit to 3/12/18 for CCR#2017015435 and a complaint survey, CCR#2018003349. The deficient practice previously cited on 1/16/18 and 3/12/18 were corrected during the revisit.

(License # 5504)