

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968265	(X3) DATE SURVEY COMPLETED R 05/16/2018
NAME OF PROVIDER OR SUPPLIER SENIOR HAVEN ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6745 SW 32ND TERR MIAMI, FL 33155	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on May 16, 2018. Senior Haven Assisted Living Inc. (License # 12185) had no deficiencies identified at the time of the survey.

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