STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910240	**06/12/2018**
NAME OF PROVIDER OR SUPPLIER **HEATHER HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 EDGEWATER DRIVE** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

On June 12, 2018, an abbreviated biennial relicensure survey was conducted at Heather Haven (Lic. #5662). Heather Haven had no deficiencies at the time of the survey.