

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965638	(X3) DATE SURVEY COMPLETED R 06/14/2018
NAME OF PROVIDER OR SUPPLIER GULF HAVEN, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 6343 ROWAN ROAD NEW PORT RICHEY, FL 34653	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to 04/27/2018 Abbreviated Biennial with Limited Mental Health survey was conducted at Gulf Haven, Inc. Assisted Living Facility on 06/14/2018. Gulf Haven, Inc. Assisted Living Facility had no deficiencies at the time of the survey.

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