

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968028	(X3) DATE SURVEY COMPLETED 06/15/2018
NAME OF PROVIDER OR SUPPLIER K'S HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7813 SW 8TH COURT NORTH LAUDERDALE, FL 33068	

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

0000 - Initial Comments

An unannounced Complaint Survey, CCR#2018003543 was conducted on 06/07/18 through 06/15/18 at K's Haven, Inc., an Assisted Living Facility, License #12019. The facility had no deficiencies identified at the time of the visit.