

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED 06/30/2018
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 On June 30, 2018 a Monitoring visit for overcapacity and resident well-being was conducted at Spring Haven Retirement Community. (license #5504)		