STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	**06/28/2018**
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

A monitoring visit for resident well-being was conducted in conjunction with a complaint (CCR#2018009363) investigation on 06/27/2018 to 06/28/2018 at Spring Haven Retirement Community (License #5504), an assisted living facility located in Winter Haven, Florida. There were no deficiencies cited during the survey.