

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965525	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER HAVENCREST II ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4244 NW 51ST STREET COCONUT CREEK, FL 33073	

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

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted as a desk review on July 17, 2018 for Havencrest II ALF Inc., License #9878. The facility corrected all outstanding deficiencies at the time of the survey.