

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED 07/11/2018
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#2018009762) investigation on 07/11/2018 at Spring Haven Retirement Community (License #5504), an assisted living facility located in Winter Haven, Florida. There were no deficiencies cited for the monitoring visit.