STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965638	**07/24/2018**
NAME OF PROVIDER OR SUPPLIER **GULF HAVEN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **6343 ROWAN ROAD** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A Capacity Increase survey was conducted at Gulf Haven, Inc. Assisted Living Facility on 07/24/2018.
Gulf Haven, Inc. Assisted Living Facility had no deficient practice identified at the time of the survey.

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