STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968265	**07/19/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR HAVEN ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6745 SW 32ND TERR** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Limited Mental Health (LMH) component expansion survey was conducted on July 19, 2018. Senior Haven Assisted Living Inc. (License #12185) had no deficiencies identified at time of the survey.