STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910077	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **RESTHAVEN OF HARDEE COUNTY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **298 RESTHAVEN ROAD** **ZOLFO SPRINGS, FL 33890**	

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

0000 - Initial Comments

An unannounced monitoring visit, regarding the emergency environmental control plan, was conducted at Rest Haven Assisted Living Facility, 298 Rest Haven Road, Zolfo Springs, Florida, on 9/5/2018. No deficient practice was found at the time of the monitoring visit.
License #5073