

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED 09/04/2018
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 On 9/4/18, a complaint investigation (CCR #2018012201) was conducted at Spring Haven Retirement Community in conjunction with a Monitoring visit and a revisit to a complaint survey. No deficiencies were cited related to the complaint. License 5504		