STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	R **11/26/2018**
NAME OF PROVIDER OR SUPPLIER **THE HAVEN HOUSE AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **12980 S.W. HIGHWAY 484** **DUNNELLON, FL 34430**	

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

0000 - Initial Comments

On November 26, 2018, an unannounced follow-up to biennial re-licensure survey was conducted by desk review for The Haven House at Ocala Assisted Living Facility (License #7687), Dunnellon, FL. Deficient practice was cleared at the time of the survey.

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