

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967538	(X3) DATE SURVEY COMPLETED 11/20/2018
NAME OF PROVIDER OR SUPPLIER SUMMERHAVEN ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 520 LANYARD LANE DE BARY, FL 32713	

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

0000 - Initial Comments

On 11/20/2018, an emergency power plan monitoring survey was conducted at Summerhaven Assisted Living, Llc (License #11576). Deficient practice was not identified during the survey.