

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966599	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER LUTHERAN HAVEN ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1525 HAVEN DR OVIEDO, FL 32765	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on November 27, 2018. Lutheran Haven Assisted Living Facility, license #10765, did not have a deficiency at the time of the visit.