STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965951	R **01/04/2019**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF III**	STREET ADDRESS, CITY, STATE, ZIP CODE **4471 COCONUT CREEK BLVD** **COCONUT CREEK, FL 33066**	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted by desk review on January 3, 2019 and January 4, 2019 for Havencrest ALF III, License #10229. The previously cited deficiency was found corrected at the time of the survey.