STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	**01/15/2019**
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 January 14, 2019 through January 15, 2019, an unannounced Change of Ownership Survey was conducted at The Haven House at Ocala Assisted Living Facility (License #7687), Dunnellon, FL. No deficient practice was identified at the time of the survey.