STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963926	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **HEATHER HAVEN II**	STREET ADDRESS, CITY, STATE, ZIP CODE **220 SCOTLAND STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial survey was conducted at Heather Haven II Assisted Living Facility on 1/23/2019.
Heather Haven II Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 5417