STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968421	R **02/11/2019**
NAME OF PROVIDER OR SUPPLIER **ST CLOUD HAVEN II**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 N TAYLOR RD** **BRANDON, FL 33510**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 12/20/2018 biennial survey was conducted for Saint Cloud Haven II on 02/11/2019. The previously cited deficient practice was found corrected via desk review.

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