

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968028	(X3) DATE SURVEY COMPLETED R 02/13/2019
NAME OF PROVIDER OR SUPPLIER K'S HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7813 SW 8TH COURT NORTH LAUDERDALE, FL 33068	

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

0000 - Initial Comments

An unannounced licensure complaint second revisit survey, CCR #2018009470, was conducted on 2/13/19 by desk review for K's Haven, Inc., License #12019. The previously cited deficiency was found corrected at the time of the survey.