STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910077	R **02/20/2019**
NAME OF PROVIDER OR SUPPLIER **RESTHAVEN OF HARDEE COUNTY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **298 RESTHAVEN ROAD** **ZOLFO SPRINGS, FL 33890**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 12/19/2018 biennial licensure survey was conducted on 02/20/2019 for Resthaven of Hardee County. The previously cited deficient practice was found corrected via desk review.

License #5073