STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967538	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **SUMMERHAVEN ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **520 LANYARD LANE** **DE BARY, FL 32713**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey was conducted at Summerhaven Assisted Living , LLC, (License #11576) on March 6, 2019. No deficiencies were identified on the day of the survey.