

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968920	(X3) DATE SURVEY COMPLETED 02/25/2019
NAME OF PROVIDER OR SUPPLIER LODGE AT LUTHERAN HAVEN (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W RD 426 OVIEDO, FL 32765	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on February 25, 2019. The Lodge at Lutheran Haven, license #12811, did not have a deficiency at the time of the visit.