STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911682	R **03/13/2019**
NAME OF PROVIDER OR SUPPLIER **OAK HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **9040 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to a 1/8/2019 Biennial Survey was conducted at Oak Haven Assisted Living Facility on 3/13/2019. Oak Haven Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 7684