STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968577	R **03/27/2019**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ON THE LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1290 NW 8TH STREET** **BOCA RATON, FL 33486**	

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

0000 - Initial Comments

An unannounced revisit to the licensure complaint survey, CCR # 2018015942 was conducted on 03/27/2019 at Havencrest On The Lake, License #12444. The previously cited deficiencies were found corrected at the time of the survey.