STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967320	R **03/21/2019**
NAME OF PROVIDER OR SUPPLIER **PEACE HAVEN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1090 DOUGLAS STREET SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to re-licensure survey was conducted on . . . . Peace Haven Assisted Living, LIC#11341 had no deficiencies were found at the time of the visit.