STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966599	**06/04/2019**
NAME OF PROVIDER OR SUPPLIER **LUTHERAN HAVEN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 HAVEN DR** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

A complaint investigation was conducted on 6/4/2019 at Lutheran Haven Assisted Living, Oviedo. No deficiencies were found at the time of the visit.