



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

March 24, 2015

Administrator  
Lake Harris Inn  
701 Lake Port Boulevard  
Leesburg, FL 34748

Dear Administrator:

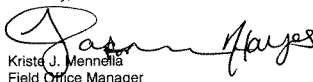
This letter reports the findings of a desk review conducted on March 25, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,



Krista J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

Alachua Field Office  
14101 N W Hwy 441, Suite 800  
Alachua, FL 32615-5669  
Phone:(386) 462-6201; Fax:(386) 418-5300  
AHCA.MyFlorida.com



Facebook.com/ACHAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

|                                                                                                        |                                                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910281</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>03/24/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Lake Harris Inn</b>                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>701 Lake Port Boulevard<br/>Leesburg, FL 34748</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-03/24/2015  
0091-Training - Documentation & Monitoring-03/24/2015  
0000-Initial Comments

An desk review was conducted on March 24, 2015 as follow-up to a Change of Ownership survey of Lake Harris Inn, an assisted living facility in Leesburg, FL. Previously cited deficiencies were cleared as a result of the desk review.