STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	R **10/31/2016**
NAME OF PROVIDER OR SUPPLIER **HARMONY HOUSE AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5762 S.W. 60TH AVENUE** **OCALA, FL 34474**	

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

0000 Initial Comments

A desk review was conducted on 10/31/2016 as follow-up to biennial survey for The Harmony House at Ocala (facility license number 5828). The previously cited deficiencies were cleared as a result of the desk review.