

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953175	(X3) DATE SURVEY COMPLETED R 03/01/2017
NAME OF PROVIDER OR SUPPLIER THE HARBOR HOUSE OF Ocala	STREET ADDRESS, CITY, STATE, ZIP CODE 12080 S.W. HIGHWAY 484 DUNNELLON, FL 34432	

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

0000 - Initial Comments

On 3/1/2017, a follow-up to Biennial Survey was conducted at The Harbor House of Ocala (facility license number 8142). The previously cited deficiencies were cleared as a result of the visit.