STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910052	**03/01/2017**
NAME OF PROVIDER OR SUPPLIER **LAKE HOWARD HEIGHTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 NORTH LAKE HOWARD DRIVE** **WINTER HAVEN, FL 33881**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted at Lake Howard Heights, Assisted Living Facility on 3/1/17. Lake Howard Heights, Assisted Living Facility, had no deficient practice identified during the survey.

(License # 11995)