| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967846** | **03/09/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HEIDI'S HAVEN LASALIDA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1215 LASALIDA WAY**<br>**LEESBURG, FL 34748** | |

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

**0000 - Initial Comments**

An unannounced complaint investigation for CCR #2016014201 was conducted on 3/9/2017 at Heidi's Haven Lasalida, in Leesburg, Florida. No deficiencies were identified. License # 11848