STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910281	R **03/23/2017**
NAME OF PROVIDER OR SUPPLIER **LAKE HARRIS INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 LAKE PORT BOULEVARD** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A desk review was conducted on 3/23/2017 as follow-up to complaint investigation (CCR#2016013971) for Lake Harris Inn (facility license number 7545). The previously cited deficiencies were cleared as a result of the desk review.