STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967846	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN LASALIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1215 LASALIDA WAY** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

An unannounced visit for a Biennial Relicensure was conducted on 5/4/17 at Heidi's Haven Lasalida, in Leesburg, Florida. No deficiencies were identified. License # 11848