STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966142	R **05/11/2017**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN LADY LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **39106 GRAYS AIRPORT ROAD** **LADY LAKE, FL 32159**	

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

0000 - Initial Comments

A desk review was conducted on 5/11/2017 as follow-up to Biennial Survey for Heidi's Haven of Lady Lake (facility license number 10397). The previously cited deficiency was cleared as a result of the desk review.