

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911084	(X3) DATE SURVEY COMPLETED 06/09/2017
NAME OF PROVIDER OR SUPPLIER THE HARMONY HOUSE OF OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 5762 S.W. 60TH AVENUE OCALA, FL 34474	

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

0000 - Initial Comments

A complaint investigation CCR#2017003251 was conducted at The Harmony House of Ocala, FL. on 6/9/2017. The Harmony House Assisted Living Facility had no deficiency at the time of the investigation. License #5828.