| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911084** | R<br>**06/30/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HARMONY HOUSE OF OCALA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5762 S.W. 60TH AVENUE**<br>**OCALA, FL 34474** | |

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

**0000 - Initial Comments**

A follow-up visit for complaint survey (CCR#2017002199) was conducted on 6/30/2017 at The Harmony House of Ocala (facility license number 5828). The previously cited deficiencies were cleared as a result of the visit.