STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969219	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY ONE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11972 ORANGE BLOSSOM DR** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

On August 14, 2017, an initial state licensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS) was conducted at Harmony One ALF. Harmony One ALF had no deficiencies at the time of the visit.