

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968897	(X3) DATE SURVEY COMPLETED R 09/19/2017
NAME OF PROVIDER OR SUPPLIER HARMONY HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 711 CRESTLINE AVE S LEHIGH ACRES, FL 33974	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 9/19/17 at Harmony Homes (license#12740), an assisted living facility in Lehigh Acres, Florida. This was a follow-up to the complaint survey (CCR # 2017004994) completed on 6/30/17. The deficiency was found corrected at the time of this visit.		