STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968897	R **11/17/2017**
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

A follow-up by desk review was conducted on 11/8/17 through 11/17/17 for Harmony Homes, an asssited living facility (license #12740) in Lehigh Acres, Florida. The follow-up was in response to the licensure survey completed on 6/7/17 and first follow-up of 9/19/17.

Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 11/17/17.