

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953175	(X3) DATE SURVEY COMPLETED R 01/12/2018
NAME OF PROVIDER OR SUPPLIER THE HARBOR HOUSE OF Ocala	STREET ADDRESS, CITY, STATE, ZIP CODE 12080 S.W. HIGHWAY 484 DUNNELLON, FL 34432	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On January 19, 2018 a desk review was conducted on The Harbor House of Ocala (lic. #8142). No deficient practice was identified.		