STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966142	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN LADY LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **39106 GRAYS AIRPORT ROAD** **LADY LAKE, FL 32159**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR# 2018000005) was conducted on 02.27.2018 at Heidi's Haven - Bonaire Assisted Living Facility (License #11255), Leesburg, FL. No deficient practice was identified at the time of the survey.