STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910281	C **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **LAKE HARRIS INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 LAKE PORT BOULEVARD** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A compliant Investigation (2018003717) was conducted at Lake Harris Assited living Facility of Leesburg, FL on 04/16/2018. Lake Harris Assited Living had no deficient practices identified at the time of the investigation.