STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	R-C **06/05/2018**
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 June 5th, 2018 a desk review follow-up was conducted on The Harbor House At Ocala Assisted Living Facility (license#8142). No deficient practice was identified at this time.