STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910281	**06/21/2018**
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

An unannounced two day biennial licensure survey was conducted on June 20-21, 2018 at Lake Harris Inn (License #7545), Leesburg, FL. No deficient practice was identified at the time of the survey.