STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969219	**08/23/2018**
NAME OF PROVIDER OR SUPPLIER **HARMONY ONE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11972 ORANGE BLOSSOM DR** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

A Limited Nursing Services Monitoring Visit was conducted at Harmony One Assisted Living Facility on 08/23/18. Harmony One Assisted Living Facility had no deficient practice identified the time of the survey.

(License#: 13060)