STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964467	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **HIGHLAND PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 MEDICAL COURT EAST** **INVERNESS, FL 34452**	

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

0000 - Initial Comments

On September 24, 2018, an unannounced Emergency Power Plan Monitoring survey was conducted at Highland Place Assisted Living Facility(License # 8991),Inverness, Fl. No deficient practice was identified at the time of the survey.