

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964467	(X3) DATE SURVEY COMPLETED 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.

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