STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967846	**09/25/2018**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN LASALIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1215 LASALIDA WAY** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On September 25, 2018,an unannounced Emergency Power Plan Monitoring survey was conducted at Heidi's Haven Lasalida Assisted Living Facility,(License # 11255), Leesburg, Fl. No deficient practice was identified at the time of the survey.