

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966142	(X3) DATE SURVEY COMPLETED 09/19/2018
NAME OF PROVIDER OR SUPPLIER HEIDI'S HAVEN LADY LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 39106 GRAYS AIRPORT ROAD LADY LAKE, FL 32159	

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

0000 - Initial Comments

On September 19, 2018, an unannounced Emergency Power Plan Monitoring survey was conducted at Heidi's Haven Lady Lake Assisted Living Facility (License #10397), Lady Lake, FL. No deficient practice was identified at the time of the survey.