STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911084	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **THE HARMONY HOUSE OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5762 S.W. 60TH AVENUE** **OCALA, FL 34474**	

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

0000 - Initial Comments

An unannounced biennial re-licensure survey was conducted on September 26, 2018 through September 27, 2018 at The Harmony House of Ocala Assisted Living Facility (License #5828), Ocala, FL. No deficient practice was identified at the time of the survey.