

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911084	(X3) DATE SURVEY COMPLETED 11/27/2018
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

On November 26, 2018 through November 27, 2018, an unannounced Change of Ownership survey was conducted at The Harmony House of Ocala Assisted Living Facility (License #5828). No deficient practice was identified at the time of the survey.