STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967163	R-C **08/04/2017**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN BONAIRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1205 BONAIRE DRIVE** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A 2nd follow up to a biennial relicensure survey was conducted on August 4, 2017 at Heidi's Haven Bonaire, License #11255. Deficient practice was not identified during the survey.