STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964467	R-C **08/16/2017**
NAME OF PROVIDER OR SUPPLIER **HIGHLAND PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 MEDICAL COURT EAST** **INVERNESS, FL 34452**	

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

0000 - Initial Comments

On 8/16/2017 a follow-up survey was conducted through desk review for Highland Place Assisted Living Facility (Lic.#8891) No deficient practice was identified.