STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953175	C **01/10/2019**
NAME OF PROVIDER OR SUPPLIER **THE HARBOR HOUSE OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **12080 S.W. HIGHWAY 484** **DUNNELLON, FL 34432**	

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

0000 - Initial Comments

On January 9, 2019 through January 10, 2019, an unannounced Change of Ownership survey in conjunction with Emergency Power Plan Monitoring survey was conducted at The Harbor House of Ocala Assisted Living Facility (License #8142), Dunnellon, FL. No deficient practice was identified at the time of the survey.