STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910052	R **05/03/2019**
NAME OF PROVIDER OR SUPPLIER **LAKE HOWARD HEIGHTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 NORTH LAKE HOWARD DRIVE** **WINTER HAVEN, FL 33881**	

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

0000 - Initial Comments

A follow-up to a 03/29/2019 biennial survey was conducted for Lake Howard Heights on 05/03/2019.
The previously cited deficient practice was found corrected via desk review.