STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967846	R-C **05/16/2019**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1215 LASALIDA WAY** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A follow-up to biennial re-licensure and Emergency Power Plan (EPP) monitoring survey was conducted by desk review for Heidi's Haven Assisted Living Facility on May 16, 2019. Deficiencies were found to be corrected at the time of the survey.