STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**06/14/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heritage Alf, Inc (the)	**4406 N Melton Ave Tampa, FL 33614**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-06/14/2013
0078-Staffing Standards - Staff-06/14/2013
Z815-Background Screening; Prohibited Offenses-06/14/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 15, 2013

Administrator
Heritage ALF, Inc (the)
4406 N Melton Ave
Tampa, FL 33614

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and an abbreviated biennial state licensure survey conducted on June 14, 2013, by a representative of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicate the previously cited deficiencies were found corrected on the day of the revisit, and no deficiencies were identified during this survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul M Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

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