STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/06/2014
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:

0052-Medication - Assistance With Self-Admin-05/06/2014
0054-Medication - Records-05/06/2014
0055-Medication - Storage And Disposal-05/06/2014
0056-Medication - Labeling And Orders-05/06/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-05/06/2014
0152-Physical Plant - Safe Living Environ/other-05/06/2014
0160-Records - Facility-05/06/2014
0161-Records - Staff-05/06/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 30, 2014

Amended

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 conducted on May 6, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. Please be advised that Tag A 030 was administratively deleted on 05/30/14.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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Tallahassee, FL 32308
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525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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