

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/19/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968854	(X3) DATE SURVEY COMPLETED 08/18/2015
NAME OF PROVIDER OR SUPPLIER LEGACY AT HIGHWOODS PRESERVE	STREET ADDRESS, CITY, STATE, ZIP CODE 18600 HIGHWOODS PRESERVE PARKWAY TAMPA, FL 33647	

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

0000 Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 8/18/15.

Legacy at Highwood Preserves, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a Standard license is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2015

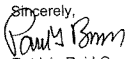
Administrator
Legacy at Highwoods Preserve
18600 Highwoods Preserve Parkway
Tampa, FL 33647

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 18, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

