

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/22/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911240	(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER HERITAGE ALF, INC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 4406 N MELTON AVE TAMPA, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility Two complaint surveys, CCR# 2015007737 and CCR# 2015007972, were conducted on 10/15/15. Heritage ALF, Inc. (The) had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 22, 2015

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

RE: CCR #2015007972 & 2015007737

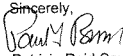
Dear Administrator:

This letter reports the findings of two complaint surveys completed on October 15, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating 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(s). Should you have any questions, please contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

