STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968965	**02/04/2016**
NAME OF PROVIDER OR SUPPLIER **HERITAGE MANOR ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1908 E 131ST AVE** **TAMPA, FL 33612**	

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

0000 Initial Comments

Assisted Living Facility

On February 4, 2016, an initial state licensure survey with limited mental health (LMH) was conducted at Heritage Manor Assisted Living Facility. No deficiencies were identified at the time of the visit. A recommendation for a Standard license with limited mental health (LMH) is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 12, 2016

Administrator
Heritage Manor Assisted Living Facility Corp
1908 E 131st Ave
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of an initial state licensure survey with limited mental health (LMH) conducted on February 4, 2016, 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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