RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Heritage Alf Of Tavares, Inc. (the)
900 East Alfred Street
Tavares, FL 32778

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922369	R 09/21/2016
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF OF TAVARES, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **900 EAST ALFRED STREET** **TAVARES, FL 32778**	

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

0000 Initial Comments

On , 2016, a follow-up survey on a complaint investigation (CCR#2016004899) was conducted at The Heritage Assisted Living Facility of Tavares, Inc. (facility license number 5368). Deficient practice was identified. The facility was not in compliance at this time.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to file an adverse incident report and failed to notify the Department of Children and Families (DCF) in reference to the allegation of for 1 of 1 residents (Resident #1).

Findings:

On / , a follow-up survey was conducted on past deficient practice regarding an allegation of by resident #1 on . As of / , the facility still had no record of contacting the Department of Children and Family Services or filing an Adverse Incident Report with the Agency.

On / at 11:48 AM, an interview was conducted with the Administrator regarding the failure of the facility to file the required reports in reference to the allegation of by Resident #1. The Administrator stated she did not call DCF or file an Adverse Incident with the Agency. She stated she just called Resident #1's case worker. She said she did not know she was suppose to call DCF or file an Adverse Incident Report with the Agency because she could not verify if the happened or not.

Class III