

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911240	(X3) DATE SURVEY COMPLETED 01/27/2017
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

On 1/27/17 an initial limited mental health licensure survey was conducted at The Heritage ALF an assisted living facility. The Heritage ALF had no deficiencies at the time of the visit.
License # 7338



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 3, 2017

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

Dear Administrator:

This letter reports the findings of an initial limited mental health (LMH) Licensure survey conducted on January 27, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Cauffman
Field Office Manager

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

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