

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922369	(X3) DATE SURVEY COMPLETED R 02/23/2017
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 2/23/2017, a follow-up visit to Biennial Survey with Limited Nursing Services (LNS) was conducted at The Heritage ALF of Tavares, Inc. (facility license number 5368). The previously cited deficiencies were cleared as a result of the visit.		