STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**04/07/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ALF, INC (THE)	**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 investigations, (CCR# 2017001009 and CCR# 2017002230) were conducted at Heritage ALF, Inc. on . Heritage ALF, Inc. had a deficiency at the time of the investigation.

(License # 7338)

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, interview, and record review, the facility failed to provide a safe living environment, free of hazards, for one (Resident #3) of six residents' observed.

Findings included:

A review of the facility's housekeeping/maintenance log showed that there was an observation of bed bugs in Resident #3's . The housekeeping/maintenance log indicated that the treated with insecticide and cleaned.

On at 10:57 AM, the inspected with the assistance of the maintenance director. The maintenance director pulled the sheets off of Resident #3's bed which revealed the presence of a live bug. The maintenance director confirmed that it was a live bed bug being observed.

Another state agency inspected the facility on , 2017 with a violation of infestations/presence.

Class III