| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911240 | R<br>05/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **HERITAGE ALF, INC (THE)** | **4406 N MELTON AVE**<br>**TAMPA, FL 33614** |

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

**0000 - Initial Comments**

Assisted Living Facility

A revisit to complaint surveys, (CCR# 2017001009 and CCR# 2017002230), was conducted at Heritage ALF, Inc. . An uncorrected deficiency was identified at the time of the visit.

(License # 7338)

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

Based on interview and record review, the facility failed to provide a safe living environment, clean, comfortable and free from pests.

Findings included:

A review of the facility's housekeeping and maintenance log revealed that there were observed bed bugs in (#201, 210 and 310) on . The document noted that the were cleaned and sprayed.

At 10:10 am on an interview with the maintenance staff confirmed live bed bugs were observed and were treated last week ( ).
An interview at 9:45 am on with the owner, where he confirmed that bed bugs are currently being sighted at the facility. He further confirmed that no outside pest control has been utilized since 2016. He stated, " I did not submit a plan of correction (POC) at this time because the machine has not been purchased due to budget constraints."

Class III