STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	R **06/23/2017**
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

A 2nd revisit to complaint investigations, (CCR# 2017001009 and CCR# 2017002230) were conducted at Heritage ALF, Inc. on 6/23/17. Heritage ALF, Inc. had no deficiency at the time of the visit
License # 7338