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

Follow up visit to a biennial relicensure survey w/LMH was conducted at Heritage ALF an Assisted Living Facility on 6/23/17.
Heritage ALF had no deficiencies at the time of the visit.

License # 7338