STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968965	**11/21/2017**
NAME OF PROVIDER OR SUPPLIER **HERITAGE MANOR ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1908 E 131ST AVE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

On November 21, 2017, two complaint surveys, (CCR# 2017011398 & CCR# 2017012875) were conducted at Heritage Manor Assisted Living. No deficiencies were identified during the visit.

(License # 12795)