

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966607	(X3) DATE SURVEY COMPLETED 12/18/2017
NAME OF PROVIDER OR SUPPLIER HERON HOUSE OF LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 EAST BAY DRIVE LARGO, FL 33771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On December 18, 2017, complaint surveys, (CCR# 2017013971 & CCR# 2017013822), were conducted in conjunction with a biennial state licensure survey at Heron House of Largo, Assisted Living Facility. No deficiencies were identified relative to the complaint surveys. (License # 10811)		