STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968965	**01/26/2018**
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 January 26, 2018 a Biennial licensure survey with Limited Mental Health (LMH) was conducted at Heritage Manor Assisted Living Facility. No deficiencies were identified during the visit. (license #12795)