

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966607	(X3) DATE SURVEY COMPLETED R 02/21/2018
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 A revisit was conducted on 2/21/18 for Heron House of Largo. the deficient practice previously cited on 11/15/17 was corrected during the re visit. License 10811		