STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**03/05/2018**
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

ASSIST LIVING FACILITY

A complaint investigation (CCR#2018001124 & CCR#2018001169) was conducted at Heron House of Largo assisted living facility on 3/5/2018. Heron House of Largo had no deficiencies at the time of the investigation.

(License# 10811)