

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910622	(X3) DATE SURVEY COMPLETED 03/12/2018
NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 S. BELCHER ROAD CLEARWATER, FL 34624	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2018002739), in conjunction with a Change of Ownership (CHOW) survey, was conducted at Heritage House Retirement Home on 3/12/18. Heritage House Retirement Home had no deficiencies at the time of the investigation. License (#5401)		