STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968965	**04/03/2018**
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

A complaint investigation (CCR 2018002421) was conducted at Heritage Manor Assisted Living Facility, Corp. (Lic. #12795) on 4/3/2018. Heritage Manor Assisted Living Facility had no deficiencies at the time of the investigation.