STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**04/16/2018**
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Complaint Investigation (CCR#2018001678) was conducted at The Heritage Assisted Living Facility on . The Heritage Assisted Living Facility had deficient practice identified at the time of the survey.

License #7338

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit an emergency management plan, to the local emergency management agency, for review and approval.

Findings included:

On , review of facility records revealed no documentation of a approved certified emergency management plan.

On at 1:31 P.M., the office manager was asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. The office manager did not provide a documentation of an approved certified emergency manage plan. The office manager stated, "we don't have one approved yet, I don't have it."

Class III