STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953442	**04/24/2018**
NAME OF PROVIDER OR SUPPLIER **HERON, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **67 COCO PLUM DRIVE** **MARATHON, FL 33050**	

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

0000 - Initial Comments

An unannounced relicensure survey with a Limited Mental Health Speciality license was conducted on 4/24/18 at The Heron, an assisted living facility (license #8523) in Marathon, Florida.

No deficiencies were found at the time of the visit.