STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910622	R **04/27/2018**
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 desk review to a change of ownership (CHOW) state licensure survey of 3/12/18 was conducted on 4/27/18. At the time of the desk review, it was determined that the previously cited deficiencies at Heritage House Retirement Home, Assisted Living Facility, had been corrected.

(License # 5401)