

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966607	(X3) DATE SURVEY COMPLETED 06/14/2018
NAME OF PROVIDER OR SUPPLIER HERON HOUSE OF LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 EAST BAY DRIVE LARGO, FL 33771	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Visit for Resident's Well-Being / Facility Temperature was conducted on 6/14/18.

The Heron House of Largo, Assisted Living Facility (License #10811), had no deficiencies at the time of this visit.