

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911240	(X3) DATE SURVEY COMPLETED 06/26/2018
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# 2018005076) was conducted on 6/26/18 in conjunction with a Revisit to 4/16/18 Complaint investigation (CCR# 2018001678).

The Heritage ALF, Assisted Living Facility (License #7338), had no deficiencies at the time of this visit.