

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 R 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 Revisit survey was conducted on 6/26/18 at Heritage ALF (License # 7338). At the time of the survey, the facility had no deficient practice related to the revisit.		