

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968854	(X3) DATE SURVEY COMPLETED 07/10/2018
NAME OF PROVIDER OR SUPPLIER LEGACY AT HIGHWOODS PRESERVE	STREET ADDRESS, CITY, STATE, ZIP CODE 18600 HIGHWOODS PRESERVE PARKWAY TAMPA, FL 33647	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2018007366), in conjunction with a revisit survey, was conducted at Legacy At Highwoods Preserve on 7/10/18. Legacy At Highwoods Preserve had no deficiencies at the time of the investigation. License (#12715)		