

**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 R 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 revisit survey, in conjunction with a complaint survey, was conducted on 7/10/18 for Legacy At Highwoods Preserve. The deficient practice previously cited on 3/13/18 was corrected at the time of the survey. License (#12715).