STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**07/19/2018**
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 Complaint Survey (CCR#: 2018008742 and 2018009016) in conjunction with a Revisit to 05/29/18 Complaint Survey (CCR#: 2018006105, 2018004475, and 2018002063) was conducted at Heron House of Largo Assisted Living Facility on 07/19/18. There were no deficiencies related to the complaint identified at Heron House of Largo Assisted Living Facility at the time of survey.

(License#: 10811)