STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969255	**08/06/2018**
NAME OF PROVIDER OR SUPPLIER **HERITAGE OAKS ASSISTED LIVING AND MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7374 SAN CASA DR** **ENGLEWOOD, FL 34224**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey for CCR# 2018009476 was conducted on 8/6/18 at Heritage Oaks, an assisted living facility (license #13053) in Englewood, Florida.

The complaint contained two allegations, of which none were substantiated.

No deficiencies were found at the time of the visit.