STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942985	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **HEATHER HAVEN III**	STREET ADDRESS, CITY, STATE, ZIP CODE **10476 131ST STREET** **LARGO, FL 33774**	

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

0000 - Initial Comments

Assisted Living Facility

On September 27, 2018 a biennial relicensure survey was conducted at Heather Haven III. No deficient practice was identified at the time of the survey.

(License #8317)