STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968854	**12/19/2018**
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# 2018015396 and 2018017441 and 2018018411) was conducted on 12/19/18.

The Legacy at Highwoods Preserve, Assisted Living Facility (License #12715), had no deficiencies at the time of this visit.