STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968854	**03/21/2019**
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 survey (CCR# 2018018694) was conducted at Legacy at Highwoods Preserve on . . Legacy at Highwoods Preserve Assisted Living Facility had no deficient practice identified at the time of the survey.

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