



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Administrator  
Heritage Alf of Tavares, Inc., The  
900 East Alfred Street  
Tavares, FL 32778

Re: CCR #2015008969

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 7, 2016 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

DT9D



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/12/2016  
FORM APPROVED

|                                                                            |                                                                                              |                                                             |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11922369</b>                  | (X3) DATE SURVEY COMPLETED<br><b>R</b><br><b>01/07/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>HERITAGE ALF OF TAVARES, INC. (THE)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>900 EAST ALFRED STREET<br/>TAVARES, FL 32778</b> |                                                             |

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

**0000 Initial Comments**

A follow up to a complaint investigation (CCR 2015008969) was conducted at Heritage ALF of Tavares on 1/07/2016. Heritage ALF of Tavares had no deficiencies at the time of the survey. The previously cited deficiencies were cleared.