STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	**11/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Bella Vita Place Assisted Living, Llc	**2143 Dorson Way Delray Beach, FL 33445**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An Assisted Living Facility Initial Licensure Survey for a capacity of 5 residents was conducted on 11/10/2014 at A Bella Vita Assisted Living,Llc. The facility had no deficiencies found at the time of the visit .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2014

Administrator
A Bella Vita Place Assisted Living, Llc
2143 Dorson Way
Delray Beach, FL 33445

Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on November 10, 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo- Davis
Field Office Manager

AMD/jw
Enclosure

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