

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965265	(X3) DATE SURVEY COMPLETED 06/09/2015
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING OF BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 620 BELLEAIR ROAD CLEARWATER, FL 33756	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015002886, was conducted on 6/9/15.

Pacifica Senior Living of Belleair, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 16, 2015

Administrator
Pacifica Senior Living of Belleair
620 Belleair Road
Clearwater, FL 33756

RE: CCR# 2015002886

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 9, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For 
Patricia Reid Caulman
Field Office Manager

PRG/kpr

Enclosure: State (5000-3547) Form

