

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963725	(X3) DATE SURVEY COMPLETED R 08/24/2015
NAME OF PROVIDER OR SUPPLIER BELLA VITA	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 EAST VENICE AVENUE VENICE, FL 34292	

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

0000 Initial Comments

A follow-up by desk review was conducted on 8/24/15 for Bella Vita, an Assisted Living Facility (ALF) in Venice, Florida.

The follow-up was in response to the Change of Ownership (CHOW) survey completed on 8/6/15.

Based on the facility's supporting documentation, the deficiencies were corrected as of 8/24/15.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11963725

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/24/2015

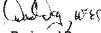
Name of Facility
BELLA VITA

Street Address, City, State, Zip Code
1420 EAST VENICE AVENUE
VENICE, FL 34292

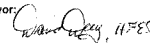
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0081	Correction Completed 08/24/2015	ID Prefix A0090	Correction Completed 08/24/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0191(2) FAC LSC		Reg. # 58A-5.0191(11) FAC LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date:
8-24-15
Date:

Signature of Surveyor: 
Signature of Surveyor:

Date:
8-24-15
Date:

Followup to Survey Completed on:
8/6/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 25, 2015

Administrator
Bella Vita
1420 East Venice Avenue
Venice, FL 34292

Dear Administrator:

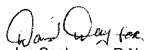
This letter reports the findings of a state licensure follow-up conducted by desk review on August 24, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of desk review. **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 (239) 335-1315.

Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

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