**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965265** | **01/27/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**PACIFICA SENIOR LIVING OF BELLEAIR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**620 BELLEAIR ROAD**<br>**CLEARWATER, FL 33756** | |

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

**0000 Initial Comments**

Assisted Living Facility

A complaint investigation (CCR#2016000121) was completed on 1/27/16. The Pacifica Senior Living of Belleair, Assisted Living Facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 8, 2016

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

**RE: CCR #2016000121**

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 27, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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 Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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