

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965265	(X3) DATE SURVEY COMPLETED 10/17/2016
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

On 10/17/16, an unannounced complaint investigation (CCR# 2016009364 & CCR# 2016011213) was conducted at Pacifica Senior Living of Belleair. Pacifica Senior Living of Belleair had no deficient practice at the time of the investigation.

License # 9666



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 1, 2016

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

RE: CCR #2016011213 & 2016009364

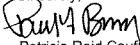
Dear Administrator:

This letter reports the findings of two complaint surveys completed on October 17, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 Cauffman
Field Office Manager

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

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