

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968397	(X3) DATE SURVEY COMPLETED 11/17/2016
NAME OF PROVIDER OR SUPPLIER B & V LABELLE VIE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 193 ELDRON BLVD NE PALM BAY, FL 32907	

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

0000 Initial Comments

A complaint investigation (CCR 2016010020) was conducted at B&V La Belle Vie Assisted Living on 11/17/2016. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 29, 2016

Administrator
B & V Labelle Vie Assisted Living
193 Eldron Blvd NE
Palm Bay, FL 32907

RE: CCR #2016010020

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 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.

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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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