

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963974	(X3) DATE SURVEY COMPLETED R 02/09/2017
NAME OF PROVIDER OR SUPPLIER BELLEAIR COUNTRY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2298 BELLEAIR ROAD CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 02/09/17. The deficient practice previously identified during the Biennial Survey on 12/27/16 was corrected during the review.		