STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966716	R **04/13/2017**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE MANOR III**	STREET ADDRESS, CITY, STATE, ZIP CODE **6333 SE BABB ROAD** **BELLEVIEW, FL 34420**	

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

0000 - Initial Comments

On April 13, 2017, a second follow up survey was conducted at Prestige Manor III Assisted Living Facility (facility license number 10089). During the survey there was no deficient practice identified.