

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965487	(X3) DATE SURVEY COMPLETED R 04/27/2017
NAME OF PROVIDER OR SUPPLIER BLOOMFIELD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2774 WESLEYAN DR PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A desk review to the biennial state licensure survey of 3/24/17 was conducted on 4/27/17. At the time of the desk review, it was determined that the previously cited deficiency at Bloomfield Manor II had been corrected. (License # 9893)		