STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	R **05/11/2017**
NAME OF PROVIDER OR SUPPLIER **BELLE VISTA BLUFFS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1138 ROSEMARY DRIVE** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 5/11/17 for Belle Vista Bluffs, Inc. (Lic. #7888). The deficient practice previously cited on 3/14/17 was corrected during the visit.