STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968767	**05/23/2017**
NAME OF PROVIDER OR SUPPLIER **LA BELLA VIDA ALF IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **7012 N ORLEANS AVE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, biennial survey was conducted on 5/23/2017 at Valdespino II Assisted Living Facility. Valdespino II Assisted Living Facility had no deficient practice identified at the time of visit.

(License # 12623)