

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968663	(X3) DATE SURVEY COMPLETED 06/20/2017
NAME OF PROVIDER OR SUPPLIER SEASONS BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017003815), was conducted at Seasons Belleair on 6/20/17. Seasons Belleair, Assisted Living Facility, had no deficiencies at the time of the visit. (License # 12532)		