STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964842	R **07/18/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELVEDERE COMMONS OF SUN CITY CENTER	**758 CORTARO DRIVE** **SUN CITY CENTER, FL 33573**

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 7/18/17 to the limited nursing services (LNS) monitoring visit of 5/30/17. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 9323)