

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965265	(X3) DATE SURVEY COMPLETED 07/07/2017
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING OF BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 620 BELLEAIR ROAD CLEARWATER, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced complaint survey, (CCR# 2017003946), was conducted on 7/7/17. The Pacifica Senior Living of Belleair, Assisted Living Facility (License # 9666), had no deficiencies found at the time of this visit.		