| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963725** | **07/03/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BELLA VITA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1420 EAST VENICE AVENUE**<br>**VENICE, FL 34292** | |

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

**0000 - Initial Comments**

An unannounced complaint survey for CCR# 2017004741 was conducted 7/3/17 at Bella Vita Venice, an assisted living facility (license # 7200) in Venice, Florida.

The complaint contained 1 allegation which was unsubstantiated.

No deficiencies were found at the time of the visit.