STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R **08/31/2017**
NAME OF PROVIDER OR SUPPLIER **BLOOMFIELD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2774 WESLEYAN DR** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a complaint investigation, (CCR# 2017004055), was conducted on 8/31/17 at Bloomfield Manor II. The deficient practice previously cited on 7/11/17 was corrected during the revisit.

(License # 9893)