| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968529** | R<br>**09/06/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BELLA ROSE ALF INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**804 W YUKON ST**<br>**TAMPA, FL 33604** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On 09/06/2017, an unannounced follow-up visit for the 07/10/2017 re-licensure survey was conducted in conjunction with a follow-up to complaint (CCR# 2017004280) survey at Bella Rosa ALF (License #12409), an assisted living facility in Tampa, Florida. There were no deficiencies

(License# 12409)