

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922155	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER BELLE VISTA BLUFFS	STREET ADDRESS, CITY, STATE, ZIP CODE 1138 ROSEMARY DRIVE LARGO, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey, (CCR# 2017007240) was done in conjunction with a revisit to a 5/24/17 complaint survey, (CCR# 2017003377) at Belle Vista Bluffs, Assisted Living Facility, on 09/07/2017. Belle Vista Bluffs, Assisted Living Facility, had no deficient practice cited relative to the complaint survey. (License # 7888)		