

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968529	(X3) DATE SURVEY COMPLETED R 09/06/2017
NAME OF PROVIDER OR SUPPLIER BELLA ROSE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 804 W YUKON ST 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 to complaint (CCR# 2017004280) survey was conducted in conjunction with a follow-up to the 07/10/2017 re-licensure survey at Bella Rosa ALF (License #12409), an assisted living facility in Tampa, Florida. There were no deficiencies. (License #12409)		