

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922155	(X3) DATE SURVEY COMPLETED R 11/07/2017
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 second follow-up by desk review was conducted on 11/07/17 to the complaint survey, (CCR# 2017003377), of 5/24/17. At the time of the desk review, it was determined that the previously cited deficiencies at Belle Vista Bluffs, Assisted Living Facility, had been corrected. (License # 7888)		