STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968663	**12/04/2017**
NAME OF PROVIDER OR SUPPLIER **SEASONS BELLEAIR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 PONCE DE LEON DRIVE** **BELLEAIR, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017011433), was conducted at Seasons Belleair on 12/4/17. Seasons Belleair had no deficiencies at the time of the investigation.

(License # 12532)