

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968529	(X3) DATE SURVEY COMPLETED 12/13/2017
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 12/13/2017, an unannounced complaint survey, (CCR# 2017011106), was conducted at Bella Rose ALF, an Assisted Living Facility, located in Tampa, Florida. There were no deficiencies identified at the time of the visit. (License # 12409)		