STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964056	R **12/04/2017**
NAME OF PROVIDER OR SUPPLIER **BELVEDERE COMMONS OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1513 WEST FLETCHER AVENUE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a 9/28/17 six month full survey with limited nursing services (LNS) was conducted at Belvedere Commons of Tampa, Assisted Living Facility, on 12/4/17. The deficient practice previously cited on 9/28/17 was corrected during the visit.

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