

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966716	(X3) DATE SURVEY COMPLETED 12/12/2017
NAME OF PROVIDER OR SUPPLIER PRESTIGE MANOR III	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 SE BABB ROAD BELLEVIEW, FL 34420	

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

0000 - Initial Comments

On 12/12/2017, a Complaint survey (2017014543) was conducted at Prestige Assisted Living Facility (lic#10889). No deficient practice was identified during survey.