STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953326	**10/16/2017**
NAME OF PROVIDER OR SUPPLIER **HAMPTON MANOR BELLEVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **10590 S.E. 62ND AVENUE** **BELLEVIEW, FL 34420**	

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

0000 - Initial Comments

A Monitoring Visit was conducted on 10/16/2017 at Hampton Manor Belleview (License Number 8503). There were no deficiencies cited as a result of the visit.