STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	R **02/15/2018**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF BELLEAIR**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 BELLEAIR ROAD** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A revisit was conducted on 2/15/2018 for Pacifica Senior Living of Belleair in conjunction with a biennial re-licensure survey with extended congregate care (ECC) services. The deficient practice previously cited on 12/13/17 was corrected during the revisit.

License# 9666