STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966716	C **04/16/2018**
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

An unannounced complaint investigation survey (CCR#2018001997) was conducted at Prestige Manor III Assisted Living Facility (License #10889), Belleview, FL. No deficient practice was identified at the time of the survey.

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