

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922155	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER BELLE VISTA BLUFFS	STREET ADDRESS, CITY, STATE, ZIP CODE 1138 ROSEMARY DRIVE LARGO, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Complaint investigation (CCR# 2018006583) was conducted on 5/8/18, in conjunction with an unannounced Revisit to 2/28/18 Biennial Survey. The Belle Vista Bluffs, Assisted Living Facility (License #7888), had no deficiencies at the time of this visit.		