

**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 R 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 Revisit to 2/28/18 Biennial Survey was conducted on 5/8/18, in conjunction with an unannounced Complaint investigation (CCR# 2018006583). The Belle Vista Bluffs, Assisted Living Facility (License #7888), had corrected all deficiencies identified on 2/28/18, and no additional deficiencies were found at the time of this visit.		