STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953326	**06/05/2018**
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

On 06/05/2018, an unannounced biennial licensure survey with Extended Congregate Care Services was conducted at Hampton Manor ALF at Belleview, Belleview, Florida (License # *8503). No deficient practice was identified at the time of the survey.