STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968663	R **06/11/2018**
NAME OF PROVIDER OR SUPPLIER **SEASONS BELLEAIR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 PONCE DE LEON DRIVE** **BELLEAIR, FL 33756**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to the 04/23/2018 biennial survey was completed on 06/11/2018. The previously cited deficiencies at Seasons Belleair, Assisted Living Facility, were corrected via desk review.

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