

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968629	(X3) DATE SURVEY COMPLETED 06/07/2018
NAME OF PROVIDER OR SUPPLIER LA BELLE LA VIE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3973 LUBEC AVENUE NORTH PORT, FL 34287	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced capacity increase survey was conducted on 6/7/18 at La Belle La Vie, LLC, an assisted living facility (license #12508) in North Port, Florida. No deficiencies identified at the time of the survey. Recommend capacity increase to 4 residents as requested.		