STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R **08/22/2018**
NAME OF PROVIDER OR SUPPLIER **BLOOMFIELD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2774 WESLEYAN DR** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A 4th Revisit to a 12/18/17 Complaint (CCR #2017013785) was conducted at Bloomfield Manor II on 8/22/18. At the time of the survey, the facility had no deficient practice.

(License #9893)