STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968629	R **09/10/2018**
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