STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964056	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **BELVEDERE COMMONS OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1513 WEST FLETCHER AVENUE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to 07/30/18 Limited Nursing Service Monitoring Survey was conducted at Belvedere Commons of Tampa Assisted Living Facility on 09/18/18. Belvedere Commons of Tampa Assisted Living Facility corrected previously cited deficiencies.

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