STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF BELLEAIR**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 BELLEAIR ROAD** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

On 11/01/2018, complaint survey CCR#2018016037 and 2018014181 was conducted at Pacifica Senior Living of Belleair. Deficient practice was not identified at time of survey.

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