

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968529	(X3) DATE SURVEY COMPLETED R 12/04/2018
NAME OF PROVIDER OR SUPPLIER BELLA ROSE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 804 W YUKON ST TAMPA, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to a 10/15/2018 monitoring survey was conducted for Bella Rose Assisted Living Facility on 12/04/2018. The previously cited deficient practice was found corrected via desk review. License # 12409		