

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965265	(X3) DATE SURVEY COMPLETED 11/26/2018
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 A Complaint investigation (CCR#2018017304) was conducted at Pacifica Senior Living of Belleair on 11/26/18. Pacifica Senior Living of Belleair had no deficiencies at the time of the investigation. License (#9666)		