STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966716	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE MANOR III**	STREET ADDRESS, CITY, STATE, ZIP CODE **6333 SE BABB ROAD** **BELLEVIEW, FL 34420**	

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

0000 - Initial Comments

On November 28, 2018, an unannounced biennial re-licensure survey in conjunction with Emergency Power Plan Monitoring survey was conducted at Prestige Manor III Assisted Living Facility (License #10889). No deficient practice was identified at the time of the survey.