STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953326	C **12/04/2018**
NAME OF PROVIDER OR SUPPLIER **HAMPTON MANOR BELLEVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **10590 S.E. 62ND AVENUE** **BELLEVIEW, FL 34420**	

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

0000 - Initial Comments

On December 4, 2018, an unannounced complaint investigation (CCR #2018017598) survey was conducted at Hampton Manor Belleview Assisted Living Facility (License #8503). No deficient practice was identified at the time of the survey.