STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	R **12/10/2018**
NAME OF PROVIDER OR SUPPLIER **A BELLA VITA PLACE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 DORSON WAY** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

A unannounced Relicensure revisit survey was conducted on 12/10/18 for A Bella Vita Place Assisted Living, LLC, (License # 12591). The facility has corrected all deficiencies during the survey.