STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922288	R **02/20/2019**
NAME OF PROVIDER OR SUPPLIER **BELLEAIR MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1711 BALMORAL DRIVE** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

On February 20th, 2019 a Revisit Survey to a 12/7/18 Biennial Survey was conducted at Belleair Manor. At the time of the survey, the facility had no deficiencies.

(License #7960)