STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963725	**03/26/2019**
NAME OF PROVIDER OR SUPPLIER **ELMCROFT OF BELLA VITA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1420 EAST VENICE AVENUE** **VENICE, FL 34292**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted 3/25/19 through 3/26/19 at Elmcroft of Bella Vita, an assisted living facility in Venice, Florida.

No deficiencies related to the emergency power plan were identified at the time of the visit.