STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	R **03/19/2019**
NAME OF PROVIDER OR SUPPLIER **BELLE VISTA BLUFFS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1138 ROSEMARY DRIVE** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

On March 19, 2019, a fourth revisit to a 7/12/18 Complaint (CCR#2018009786 and 2018008167) survey was conducted at Belle Vista Bluffs (License #7888) in Largo, Florida. The facility had no deficiencies at the time of the visit.