

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963725	(X3) DATE SURVEY COMPLETED R 04/09/2019
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

A follow-up by desk review was conducted on 4/9/19 for Elmcroft of Bella Vita, an assisted living facility in Venice, Florida. This follow-up was in response to the change of ownership survey which was completed on 3/26/19.

Based on the facility's supporting documentation, the deficiency was corrected as of 4/4/19.