STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910590	R **06/09/2017**
NAME OF PROVIDER OR SUPPLIER **BEL-AIR HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5550 RIVER ROAD** **NEW PORT RICHEY, FL 34652**	

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

0000 - Initial Comments

A follow up visit to an abbreviated re-licensure survey conducted at Bel-Air House on 6/9/17. Bel-Air house had no deficiencies at the time of the visit.

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