| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967078** | **09/18/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Veranda Of Pensacola, Inc (the)** | **6982 Pine Forest Road Pensacola, FL 32526** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
Z815-Background Screening; Prohibited Offenses-09/18/2014

0000-Initial Comments

On 9/18/14 an unannounced Revisit survey to the Limited Nursing Survey conducted on 7/30/14 was conducted at Veranda of Pensacola Assisted Living Facility. At the time of the Revisit the deficient practice was corrected and no other deficiencies were identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2014

Administrator
Veranda Of Pensacola, Inc (the)
6982 Pine Forest Road
Pensacola, FL 32526

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 18, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com