

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X3) DATE SURVEY COMPLETED R 03/03/2017
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526	

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

0000 - Initial Comments

On 3/15/17 a desk review revisit survey was conducted for a complaint survey dated 1/26/17. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected. Veranda of Pensacola is in compliance with state regulations at the time of this desk revisit.