STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966489	**03/28/2017**
NAME OF PROVIDER OR SUPPLIER **WESLEY HAVEN VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **111 EAST WRIGHT STREET** **PENSACOLA, FL 32501**	

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

0000 - Initial Comments

An abbreviated licensure survey with ECC monitoring visit was conducted on 3/28/17 at Wesley Haven Villa Assisted Living Facility in Pensacola FL (license #10688). No deficient practice was identified at the time of the survey.