

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966505	(X3) DATE SURVEY COMPLETED 06/19/2017
NAME OF PROVIDER OR SUPPLIER LA PALOMA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 880 EAST BAFFIN DRIVE VENICE, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced relicensure survey was completed on 6/19/17 at La Paloma, an assisted living facility (license #10727) in Venice, Florida. No deficiencies were found at the time of the visit.		