STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966986	R **12/04/2017**
NAME OF PROVIDER OR SUPPLIER **LOMBARDO HOME (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 71 STREET NW** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 12/04/17 to the abbreviated biennial state licensure survey of 10/16/17.
At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(License # 11148)