STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911156	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **VISIONARY LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **923 NORTH 77TH AVENUE** **PENSACOLA, FL 32506**	

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

0000 - Initial Comments

An unannounced Bienniel with LMH survey was conducted at Visionary Living Assisted Living Facility , license #6029, in Pensacola FL on 12/13/2017. At the time of the survey, no deficient practice was identified.