STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968597	R **03/19/2018**
NAME OF PROVIDER OR SUPPLIER **ALF OF POMONA PARK, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **422 PLEASANT ST** **POMONA PARK, FL 32181**	

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

0000 - Initial Comments

An unannounced follow-up survey to biennial survey on 01/23/2018 was conducted on 03/08/2018 at ALF Pomona Pstk (License #12480), Pomona Park, FL. No deficent practice was identified and former deficiencies cleared.