STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968597	**05/23/2018**
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

A complaint investigation (CCR 2018006997) was conducted at Pomona Park Assisted Living in Pomona Park, FL (Lic #12480) on 05/23/2018. No deficient practice was identified during the investigation.