

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966986	(X3) DATE SURVEY COMPLETED 07/06/2018
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 Complaint investigation (CCR#2018007458) was conducted at Lombardo Home (the) on 7/6/18. Lombardo Home(the) had no deficiencies at the time of the investigation. License (#11148)		