STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968975	**07/10/2018**
NAME OF PROVIDER OR SUPPLIER **LOMBARDO HOME II (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **511 75TH ST NW** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On July 10, 2018, a biennial re-licensure survey was conducted at Lombardo Home II assisted living facility. There was no deficient practice identified during the survey.

(License# 12878)