

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/07/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911156	(X3) DATE SURVEY COMPLETED 06/12/2018
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

On 6/12/2018, a complaint survey for allegations contained within CCR# 2018006037 at Visionary Living, an Assisted Living Facility (license #6029). There were no deficiencies at the time of the survey.