STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966489	**04/02/2018**
NAME OF PROVIDER OR SUPPLIER **WESLEY HAVEN VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **111 EAST WRIGHT STREET** **PENSACOLA, FL 32501**	

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

0000 - Initial Comments

A limited nursing services (LNS) monitoring visit was conducted on 4/2/18 at Wesley Haven Villa, state license #10688, an assisted living facility in Pensaola, FL. At the time of the survey, the facility met requirements and no deficient practice was identified.