

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X3) DATE SURVEY COMPLETED 05/15/2018
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for allegations contained within CCR#2018003699 was conducted on 05/15/2018 at Veranda of Pensacola, state license #11190, an assisted living facility in Pensacola, FL. A monitoring visit for Limited Nursing Services was conducted in conjunction. No deficient practice was identified at the time of the survey.		