STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911156	**07/24/2018**
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

An unannounced monitoring visit to complete a generator assessment was conducted on 7/24/2018 at Visionary Living, Inc. No deficient practice was identified at the time of the survey.