STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969460	**10/13/2018**
NAME OF PROVIDER OR SUPPLIER **THE BLAKE AT PENSACOLA OPERATING COMPANY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **428 AIRPORT BLVD** **PENSACOLA, FL 32503**	

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

0000 - Initial Comments

An announced initial licensure assisted living facility survey with extended congregate care specialty license was conducted on 10/13/18 at The Blake at Pensacola Operating Company, LLC. At the time of the survey, no deficient practice was identified.