STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969319	**10/25/2018**
NAME OF PROVIDER OR SUPPLIER **THE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10075 HILLVIEW RD** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018012194 was conducted on 10/25/2018 at The Residence, state license #13110. An Extended Congregate Care monitoring visit and generator assessment were conducted in conjunction. No deficient practice was identified at the time of this survey.