

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X3) DATE SURVEY COMPLETED 01/28/2019
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

On 1/28/19 an unannounced complaint survey for allegations contained within CCR #2018017479 was conducted at Veranda of Pensacola. No deficient practice was identified at the time of the survey.