STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967078	**04/30/2019**
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

An unannounced abbreviated licensure survey with Limited Nursing Services was conducted at Veranda of Pensacola on 4/30/19. At the time of survey there were no deficiencies identified.