STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966505	**04/09/2019**
NAME OF PROVIDER OR SUPPLIER **LA PALOMA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **880 EAST BAFFIN DRIVE** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced abbreviated biennial relicensure survey was conducted on 4/9/19 at La Paloma, an assisted living facility in Venice, Florida.

No deficiencies were identified at the time of the visit.