Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910546	A. BUILDING: _____ B. WING _____	R 03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VARNUM'S REST HOME LLC	12167 NW FREEMAN ROAD BRISTOL, FL 32321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ000	Initial Comments On March 4, 2024, an unannounced desk review revisit survey was completed for the biennial survey originally ending January 29, 2024 at Varnum's Rest Home LLC. Based on an acceptable plan of correction, electronic interview, and supporting documents, the deficiencies were found to be corrected.	CZ000		
A 000	Initial Comments On March 4, 2024, an unannounced desk review revisit survey was completed for the biennial survey originally ending January 29, 2024 at Varnum's Rest Home LLC. Based on an acceptable plan of correction, electronic interview, and supporting documents, the deficiencies were found to be corrected.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE