

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910546	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/02/2024
---	--	--	--

NAME OF PROVIDER OR SUPPLIER VARNUM'S REST HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 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
A 000	Initial Comments On August 2, 2024, an unannounced desk review revisit survey was completed for the complaint survey for complaint #2024002422 and #2024007372 that originally ended on June 10, 2024 at Varnum's Rest Home LLC. Based on electronic interview and documentation, the deficiency was found to be corrected.	A 000		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------