STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910546	R **05/18/2017**
NAME OF PROVIDER OR SUPPLIER **VARNUM'S REST HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12167 NW FREEMAN ROAD** **BRISTOL, FL 32321**	

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

0000 - Initial Comments

An unannounced licensure revisit survey was conducted at Varnum's Rest Home Assisted Living Facility (license #6026) located in Bristol, FL on 5/18/17. This was a revisit to the biennial survey completed 3/21/17. Previously cited deficiencies were found to have been corrected at the time of the revisit.