STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964942	**09/22/2017**
NAME OF PROVIDER OR SUPPLIER **PLANTATION RETIREMENT INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2654 GRAND BLVD.** **HOLIDAY, FL 34690**	

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

0000 - Initial Comments

Assisted Living Facility

On September 22, 2017 a monitoring visit for residents' well-being was conducted at Plantation Retirement. There was no deficient practice identified during the visit.

(License #9497)