| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953250** | **10/09/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HOMESTEAD RETIREMENT** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1117 MASSACHUSETTS AVENUE**<br>**SAINT CLOUD, FL 34769** | |

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

**0000 - Initial Comments**

A complaint investigation #2017008555 was conducted in conjunction with #2017008253 on 10/9/17. Homestead Retirement license #245 had no deficiencies related to #2017008556 at the time of the visit.