

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/16/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953250	(X3) DATE SURVEY COMPLETED 10/09/2017
NAME OF PROVIDER OR SUPPLIER HOMESTEAD RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1117 MASSACHUSETTS AVENUE SAINT CLOUD, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation #2017008253 was conducted in conjunction with #2017008556 on 10/9/17. Homestead Retirement license #245 had no deficiencies related to #2017008253 at the time of the visit.		