STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911104	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHWEST RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3207 SW 42ND PLACE** **GAINESVILLE, FL 32608**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey was conducted on September 27, 2017 at Southwest Retirement Home (License # 6688), Gainesville, FL. No deficient practice was identified at the time of the survey.