STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910320	R **10/25/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN RETREAT SHELTER CARE CE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4410 MONCRIEF RD. W.** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

An unannounced follow up to the biennial relicensure survey was conducted on 10/25/2017 at Golden Retreat ALF. The deficiencies were found corrected at the time of the follow-up visit.