STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922253	R **12/18/2017**
NAME OF PROVIDER OR SUPPLIER **HAMEMACK'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4919 HAMMACK ROAD** **VERNON, FL 32462**	

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

0000 - Initial Comments

A desk review revisit survey was completed on December 18, 2017 for the licensure survey dated September 14, 2017 at Hamemack's Retirement Home Assisted Living Facility (license #5845) located in Vernon, FL. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.