STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969245	**01/03/2018**
NAME OF PROVIDER OR SUPPLIER **JASMINE RETIREMENT HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8914 JASMINE BLVD** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 1/3/18 at Jasmine Retirement Home.
No deficiencies were cited at the time of the visit.

(License # pending)