STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910546	R **03/02/2018**
NAME OF PROVIDER OR SUPPLIER **VARNUM'S REST HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12167 NW FREEMAN ROAD** **BRISTOL, FL 32321**	

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

0000 - Initial Comments

A desk review was completed on 3/2/2018 for a Limited Nursing Services monitoring survey conducted on 1/10/2018 at Varnum's Rest Home assisted living (license #6026) located in Bristol, FL. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.