STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911165	**03/13/2018**
NAME OF PROVIDER OR SUPPLIER **RUSTIC RETREAT RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 NORTH FEDERAL HIGHWAY** **BOYNTON BEACH, FL 33435**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on 03/12/18 through 03/13/18 at Rustic Retreat Retirement Home Assisted Living Facility, License #5852. The facility had no deficiencies at the time of the visit.