

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964942	(X3) DATE SURVEY COMPLETED 03/21/2018
NAME OF PROVIDER OR SUPPLIER PLANTATION RETIREMENT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2654 GRAND BLVD. HOLIDAY, FL 34690	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY An unannounced Complaint Investigation #2018002255 was conducted on 03/21/2018 at Plantation Retirement Inc. (License 9497). No deficiencies were identified at the time of the visit.		