STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968623	R **04/18/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN RETREAT 2** **ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **9465 LONGMEADOW CIRCLE** **BOYNTON BEACH, FL 33436**	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted on 4/18/2018 at Golden Retreat 2 Assisted Living Facility LLC, License #12488. There were no deficiencies found at the time of the survey.