STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967760	R **04/30/2018**
NAME OF PROVIDER OR SUPPLIER **BOWE'S RETIREMENT HOMES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2739 CHEROKEE AVE** **FORT PIERCE, FL 34946**	

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

0000 - Initial Comments

An unannounced Relicensure survey revisit was conducted on 04/30/18 at Bowe's Retirement Homes, Inc, License #11791. Previously cited deficiencies were found corrected.