STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965889	R **07/20/2018**
NAME OF PROVIDER OR SUPPLIER **PLEASANT RETIREMENT HOME INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7512 Washington Ave.** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted on 07/17/18 and 07/20/18 as a desk review for Pleasant Retirement Home, Inc. License #10188. The facility corrected all outstanding deficiencies at the time of the survey.