STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969245	R **11/08/2018**
NAME OF PROVIDER OR SUPPLIER **JASMINE RETIREMENT HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8914 JASMINE BLVD** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a 9/6/18 complaint (CCR 2018012130 and 2018011379) was conducted at Jasmine Retirement Home on 11/8/18. The deficient practice previously cited on 9/6/18 was corrected during the visit.

(License #13120)