STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964942	R **02/20/2019**
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 Facillity

A revisit was conducted on 2/20/19 at Plantation Retirement. The deficient practice previously cited on 12/28/18 was
corrected during the revisit.

License # 9497