STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911115	C **03/07/2019**
NAME OF PROVIDER OR SUPPLIER **RULEME PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2808 RULEME STREET** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

An abbreviated biennial re-licensure survey and complaint investigation (CCR #2019000724) was conducted at Ruleme Place on 03/06/2019 and 03/07/2019. The facility had no deficiencies at the time of the survey.