STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964942	R **05/30/2019**
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

A follow-up survey was conducted on 05/30/2019 at Plantation Retirement Assisted Living Facility. Previous cited decencies were corrected via desk review.