STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969175	**07/19/2017**
NAME OF PROVIDER OR SUPPLIER **COUNTRY COMFORT CARE II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **863 KUENZ PL** **OCOEE, FL 34761**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 07/19/2017. Country Comfort Care II had no deficiencies at the time of the visit.