STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969249	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **EAGLES EYES COMFORT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8620 NW 3RD ST** **PEMBROKE PINES, FL 33024**	

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

0000 - Initial Comments

An initial Assisted Living Facility Licensure survey was conducted on 08/21/2017 at Eagles Eyes Comfort Care LLC. The facility had no deficiencies found at the time of the visit.