STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964887	R **11/07/2017**
NAME OF PROVIDER OR SUPPLIER **CORAL SAND INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7800 ABBOTT AVENUE** **MIAMI BEACH, FL 33141**	

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

0000 - Initial Comments

A resident wellness Revisit monitoring survey was conducted on 11/07/17. Coral Sand Inc, License #9375 with a Limited Mental Health component had no deficiencies identified at the time of the survey.