STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969340	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **COZY CARE RESIDENCE OF PEMBROKE PINES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7650 TAFT ST** **PEMBROKE PINES, FL 33024**	

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

0000 - Initial Comments

An announced Initial survey was conducted on 02/20/2018 at Cozy Care Residence of Pembroke Pines, LLC. No deficiencies were found during the time of the survey.