STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943082	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **COMFORT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **935 SW 9 STREET** **MIAMI, FL 33130**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Comfort Residence, Inc. with a Limited Mental Health component, license# 8369, had the following deficiency found at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review, the facility failed to provide documentation of having conducted fire drills on a monthly basis.

Findings included:

A review of facility records showed the facility had conducted fire drills on 11/ . . , . . . , . , , .

On at 12:00 PM the Administrator stated that he thought that the fire drills were supposed to be done every two or three months and not on a monthly basis.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943082	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **COMFORT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **935 SW 9 STREET** **MIAMI, FL 33130**	

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Class III