STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943082	R **04/04/2018**
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 Revisit Survey was conducted on April 4th, 2018. Comfort Residence, Inc. with a Limited Mental Health component and license# 8369, had no deficiencies identified at the time of the survey.