STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966205	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR CARE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **11412 NW 1ST PLACE** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unnanounced relicensure revisit survey was conducted on 04/27/2018 at Superior Care, Inc, License # 10458. The facility had no deficiencies at time of the revisit.