STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966109	**05/11/2018**
NAME OF PROVIDER OR SUPPLIER **MEDITERRANEAN COMFORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **4180 CORAL SPRINGS DRIVE** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced Complaint Survey CCR #2018002461 was conducted on 05/01/2018 through 5/11/2018 at Mediterranean Comfort Assisted Living Facility, license #10429. The facility had no deficiencies at the time of the visit.