STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968370	**07/10/2018**
NAME OF PROVIDER OR SUPPLIER **COUNTRY COMFORT CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15340 MALLORY LN,** **CLERMONT, FL 34715**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on 07.10.2018 at Country Comfort Care, Inc. (License #12290), Clermont, FL.
No deficient practice was identified at the time of the survey.