STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966109	**07/31/2018**
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 licensure complaint survey, CCR #2018006790, was conducted on 7/31/2018 at Mediterranean Comfort, License #10429. The facility had no deficiencies identified at the time of the survey.