STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967860	**07/26/2018**
NAME OF PROVIDER OR SUPPLIER **MIAMI COMFORT COVE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3511 N W 11 COURT** **MIAMI, FL 33127**	

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

0000 - Initial Comments

A Limited Mental Health (LMH) component licensure expansion survey was conducted on 07/26/18. Miami Comfort Cove Inc. (license #11869) did not have deficiencies found under the surveyed component.