STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969097	R **11/20/2018**
NAME OF PROVIDER OR SUPPLIER **COMFORT CARE HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 SW SANTANA AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 11/20/2018 at Comfort Care Home ALF, License #12927. The previously cited deficiencies were found corrected at the time of the survey.