STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968370	R-C **08/21/2017**
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 follow-up visit to a complaint investigation (CCR#2017006391)was conducted on 08/21/2017 at Country Comfort Care (License #12290), Clermont, FL. No deficient practice was identified at the time of the survey.