STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943004	R **12/26/2018**
NAME OF PROVIDER OR SUPPLIER **COX ADULT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 Oscar Cox Trail** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

A revisit to the 10/08/18 biennial survey was conducted on 12/26/18 for Cox Adult Living Facility. At the time of the visit, the facility had no deficient practice.

License # 8319