STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969340	R **02/12/2019**
NAME OF PROVIDER OR SUPPLIER **COZY CARE RESIDENCE OF PEMBROKE PINES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7650 TAFT ST** **PEMBROKE PINES, FL 33024**	

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

0000 - Initial Comments

An unannounced licensure Complaint Survey Revisit to CCR #2018012908 was conducted on 01/29/2019 and 02/12/2019 at Cozy Care Residence of Pembroke Pines LLC, License #13135. The facility corrected the previously cited deficiencies.