STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969249	R **03/29/2019**
NAME OF PROVIDER OR SUPPLIER **EAGLES EYES COMFORT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8620 NW 3RD ST** **PEMBROKE PINES, FL 33024**	

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

0000 - Initial Comments

An unannounced revisit to the licensure Complaint Survey CCR# 2018016526 was conducted on 03/29/2019 at Eagles Eye Comfort Care LLC, License # 13054. The previously cited deficeincies were found corrected at the time of the survey.