STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968785	R **05/20/2019**
NAME OF PROVIDER OR SUPPLIER **KOZIE KOTTAGE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12576 54TH ST N** **WEST PALM BEACH, FL 33411**	

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

0000 - Initial Comments

A Revisit to the relicensure survey was conducted as a desk review for Kozie Kottage , LLC on 05/20/2019 . Previously cited deficiencies were found corrected.