STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966324	R **02/27/2017**
NAME OF PROVIDER OR SUPPLIER **CORAL SPRINGS COUNTRY CLUB FOR SENIORS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2903 NW 115TH TERRACE** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced relicensure desk revisit survey was conducted o 2/27/17 at Coral Springs Country Club For Seniors. The facility had no deficiencies identified at the time of the survey.