

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966109	(X3) DATE SURVEY COMPLETED 05/10/2018
NAME OF PROVIDER OR SUPPLIER MEDITERRANEAN COMFORT	STREET ADDRESS, CITY, STATE, ZIP CODE 4180 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on 5/10/18 at Mediterranean Comfort ALF, License #10429. The facility had no deficiencies at the time of the visit.