

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969111	(X3) DATE SURVEY COMPLETED 11/19/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN COMFORT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 W RAVINE DR RUSKIN, FL 33570	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 11/19/2018, a biennial relicensure survey was conducted at Southern Comfort Assisted Living (Lic. #12937). No deficient practice was identified during the survey.		