STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966324	R **01/10/2019**
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 revisit survey was conducted on 1/10/19 at Coral Springs Country Club For Seniors, (License # 10582). The facility corrected all outstanding deficiencies at the time of the survey.