

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL 11968836	(X3) DATE SURVEY COMPLETED 05/28/2015
NAME OF PROVIDER OR SUPPLIER LOVING CARE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11008 AIRVIEW DR CARROLLWOOD, FL 33625	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 5/28/15.

Loving Care ALF, Inc., Assisted Living Facility, had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 1, 2015

Administrator
Loving Care ALF Inc
11008 Airview Dr
Carrollwood, FL 33625

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on May 28, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/clt
Enclosure: State (5000-3547) Form

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