

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/30/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969094	(X3) DATE SURVEY COMPLETED 11/22/2016
NAME OF PROVIDER OR SUPPLIER LOVING HEART CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 28265 SW 173RD CT HOMESTEAD, FL 33030	

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

0000 Initial Comments

An Initial Licensure Survey was conducted on 11/22/2016. Loving Heart Corp with mental health service component had no deficiencies identifies at the time of the survey. Recommend 6 beds license capacity.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 30, 2016

Administrator
Loving Heart Corp
28265 Sw 173rd Ct
Homestead, FL 33030

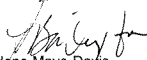
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on November 22, 2016 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Sonia A Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD:SB
Enclosure

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