STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922332	**12/13/2016**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE RETIREMENT SERVICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **380 NW SOUTH RIVER DRIVE** **MIAMI, FL 33128**	

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

0000 - Initial Comments

A Monitoring was conducted on 12/13/2016. Loving Care Retirement Services, license number 5919, had no deficiencies found at time of the survey.