STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922240	R 02/23/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **870 7TH AVENUE NORTHEAST** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 02/23/17 for Loving Care Assisted Living Facility. The deficient practice previously identified was corrected during the review. (Lic# 6146)