STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967463	R **02/10/2017**
NAME OF PROVIDER OR SUPPLIER **GOLD COAST LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5517 HAYES STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A desk review revisit survey was conducted on 2/10/17 at Gold Coast Loving Care. The facility had no deficiencies identified at the time of the survey.