STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968755	R **03/02/2017**
NAME OF PROVIDER OR SUPPLIER **DAHLIA'S HOUSE OF LOVE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3081 ELDRON BLVD NE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A follow-up visit to a relicensure survey with Limited Nursing Services (LNS) was conducted on 03/02/2017 at Dahlia's House of Love LLC (license #12619). No deficient practices were identified during the visit.