

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910890	(X3) DATE SURVEY COMPLETED R 02/15/2017
NAME OF PROVIDER OR SUPPLIER CARE AND LOVE RETIREMENT RESIDENCE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 642 EAST 21ST STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

Standard Biennial Revisit Survey was conducted on February 15, 2017. Care and Love Retirement Residence (License #4223) had no deficiencies identified at time of the survey.