STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966454	R **05/04/2017**
NAME OF PROVIDER OR SUPPLIER **WILLIAMS LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4213 CHANTELLE ROAD** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

A revisit to a re-licensure survey with Limited Nursing Services was conducted on 05/04/2017. Williams Loving Care (license #10664) had no deficiencies at the time of the visit.