| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967279** | **05/05/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LOVING ELDERLY CARE, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**14898 SW 175 STREET**<br>**MIAMI, FL 33187** | |

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

**0000 - Initial Comments**

A Complaint Survey (CCR#2017001455) was conducted on April 17, 2017. Loving Elderly Care Inc. (License # 11364) with Limited Mental Health component had no deficiencies identified at the time of the survey.