STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966820	R **06/05/2017**
NAME OF PROVIDER OR SUPPLIER **IRVING'S PLACE OF LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4561 SW 36TH STREET** **WEST PARK, FL 33023**	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on 05/30/2017 and 06/05/2017 for Irving's Place Of Loving Care, License # 11007. The facility had no deficiencies at the time of the visit.