STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911030	R **07/23/2017**
NAME OF PROVIDER OR SUPPLIER **LUCILLE'S LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **17820 NW 22ND AVENUE** **MIAMI, FL 33056**	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit was conducted on July 27, 2017. Lucille's Loving Care (License # 3952) with Limited Mental Health component had no deficiencies identified at the time of the survey.