

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966938	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER BETSY'S LOVING HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 309 SW 68TH AVENUE PEMBROKE PINES, FL 33023	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 08/10/2017 at Betsy's Loving Home, Inc. Assisted Living Facility, License #11079. The facility had no deficiencies found at the time of the visit.