STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	R **07/31/2017**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Complaint (CCR#2016009781) 3rd Revisit Survey was conducted on 07/31/17. Care and Love Retirement Residence with Limited Mental Health component License #4223 had no deficiencies found at the time of the survey.