STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967609	**08/08/2017**
NAME OF PROVIDER OR SUPPLIER **LUBRIN LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6564 SW 20 COURT** **PLANTATION, FL 33317**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on 8/08/2017 at Lubrin Loving Care Inc., License # 11618. The facility had no deficiencies at the time of the visit.