

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953636	(X3) DATE SURVEY COMPLETED R 09/06/2017
NAME OF PROVIDER OR SUPPLIER A LOVING HOME ENTERPRISES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3640-42 SW 91ST AVENUE MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR#2017000768) Survey Second Revisit was conducted on September 06, 2017. A Loving Home Enterprises, Inc.(AL8675) with standard license, had no deficiencies identified at the time of the survey.		