STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953636	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 Wellness Monitoring 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.