

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966463	(X3) DATE SURVEY COMPLETED R 09/28/2017
NAME OF PROVIDER OR SUPPLIER J C LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 11260 SW 176 STREET MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on September 28th, 2017. JC Loving Care with License #10657 did not have deficiencies identified at the time of the survey.