

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/16/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965028	(X3) DATE SURVEY COMPLETED 10/02/2017
NAME OF PROVIDER OR SUPPLIER LAZARO LOVING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 390 SE 8TH AVENUE HIALEAH, FL 33010	

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

0000 - Initial Comments

A Complaint Survey was conducted on October 2, 2017. Lazaro Loving Home Inc. (AL9777) had no deficiencies identified at the time of the survey.