

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969220	(X3) DATE SURVEY COMPLETED R 08/11/2017
NAME OF PROVIDER OR SUPPLIER LOVEY'S ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 112 5TH ST HOLLY HILL, FL 32117	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The deficiencies were corrected at the time of the desk review of 08/11/2017.		