STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953310	R **10/16/2017**
NAME OF PROVIDER OR SUPPLIER **A LOVING PLACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **25 WEST 26 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial 2nd revisit survey was conducted on 10/16/17. A Loving Place ALF with a limited mental health component (AL7846), had no deficiencies identified at the time of the survey.