

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967140	(X3) DATE SURVEY COMPLETED R 10/16/2017
NAME OF PROVIDER OR SUPPLIER L & L SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1161 NIGHTINGALE AVENUE MIAMI SPRINGS, FL 33166	

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

0000 - Initial Comments

A Change of Ownership (CHOW) Revisit Survey was conducted on 10/18/17. L&L Senior Care, Inc (License #11229) had no deficiencies identified at the time of the survey.