

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932590	(X3) DATE SURVEY COMPLETED R 10/23/2017
NAME OF PROVIDER OR SUPPLIER OUR LOVING MOTHER ELDERLY CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 WEST 65 STREET HIALEAH, FL 33012	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Revisit Survey was conducted on October 23 rd, 2017. Our Loving Mother Elderly Care, Inc. with limited nursing services and limited mental health components, license number 8128 had deficiencies identified at the time of the survey and cited under standard biennial survey.