

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968139	(X3) DATE SURVEY COMPLETED R 11/07/2017
NAME OF PROVIDER OR SUPPLIER CR LOVING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 74 PRINCE MICHAEL LN PALM COAST, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

The deficiency was found corrected at the time of the desk review.