| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967289** | R<br>**11/17/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**AJR LOVING CARE ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5900 DEAN ROAD**<br>**OVIEDO, FL 32765** | |

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

**0000 - Initial Comments**

The 3rd Revisit to Re-licensure survey with Limited Nursing Services (LNS) was conducted on 11/17/2017. AJR Loving Care Assisted Living (License #11356) had no deficiencies at the time of the visit.