STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted on 12/14/2017 at The Loving Care Home LLC, license #13020. The facility had no deficiencies at the time of the survey.