STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922332	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE RETIREMENT SERVICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **380 NW SOUTH RIVER DRIVE** **MIAMI, FL 33128**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 12/11/17. Loving Care Retirement Services, Inc. with a Limited Mental Health component license #8157 had no deficiencies identified at the time of the survey.