STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967062	R **01/24/2018**
NAME OF PROVIDER OR SUPPLIER **FULLNESS OF LOVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 KNOLLS ROAD** **MIRAMAR, FL 33025**	

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

0000 - Initial Comments

A Relicensure survey revisit was conducted by desk review on 01/24/2018 for Fullness of Love ALF, (License #11157). All previously cited deficiencies were found corrected.