STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968565	R **01/30/2018**
NAME OF PROVIDER OR SUPPLIER **EXTENDING LOVABLE LIVING ASSISTANCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14514 STORY FORD RD** **ORLANDO, FL 32832**	

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

0000 - Initial Comments

A second revisit was conducted on January 30, 2018. Extending Lovable Living Assistance LLC, license #12433, had no deficiencies at the time of the revisit.