STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932431	R **02/05/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 BRUEN STREET** **SAINT AUGUSTINE, FL 32095**	

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

0000 - Initial Comments

The deficiency was corrected at the time of the desk review.