STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968874	R **02/15/2018**
NAME OF PROVIDER OR SUPPLIER **AJR LOVING CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1680 N MAITLAND AVE** **MAITLAND, FL 32751**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 2/15/2018. AJR Loving Care Assisted Living Facility Inc. (License #12789) had no deficiencies at the time of the visit.