STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969332	**02/26/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING HEALTH CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14706 EGRET PLACE** **TAMPA, FL 33625**	

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

0000 - Initial Comments

Assisted Living Facility

On February 26, 2018, an initial state licensure survey was conducted at Loving Health Care Corp. No deficient practice was identified during the survey.