STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969220	**04/03/2018**
NAME OF PROVIDER OR SUPPLIER **LOVEY'S ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **112 5TH ST** **HOLLY HILL, FL 32117**	

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

0000 - Initial Comments

On April 3, 2018 an unannounced capacity increase survey was conducted at Lovey's Assisted Living (License #13048). Deficient Practice was not identified during the survey.