

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953636	(X3) DATE SURVEY COMPLETED R 03/13/2018
NAME OF PROVIDER OR SUPPLIER A LOVING HOME ENTERPRISES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3640-42 SW 91ST AVENUE MIAMI, FL 33165	

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

0000 - Initial Comments

A Standard Biennial re-visit survey was conducted on 03/13/18. A Loving Home Enterprises inc. with standard license #8675 had no deficiencies found at the time of the survey.