STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	R **05/09/2018**
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

5/9/18 desk review to relicensure survey conducted. Smiles & Loving Care, license #8648, had no deficient practice at the time of the review.