

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966338	(X3) DATE SURVEY COMPLETED R 04/27/2018
NAME OF PROVIDER OR SUPPLIER J C LOVING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 781 EAST 45 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 04/27/18. JC Loving Home Inc. with Limited Mental Health Component and License #10560 had no deficiencies at the time of the survey.