STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967463	R **06/07/2018**
NAME OF PROVIDER OR SUPPLIER **GOLD COAST LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5517 HAYES STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A monitoring survey second revisit was conducted for Gold Coast Loving Care Inc (license# 11493) by desk review on 06/07/18. The facility corrected all outstanding citations.