STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R **06/13/2018**
NAME OF PROVIDER OR SUPPLIER **AJR LOVING CARE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 DEAN ROAD** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 06/13/2018. AJR Loving Care Assisted Living, License#11356 did not have deficiencies at the time of the visit.