STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	R **07/16/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey 5th Revisit was conducted on July 16, 2018. Our Loving Mother Elderly Care, Inc. (License # 8128) with Limited Mental Health component had no deficiencies identified at the time of the survey: