STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967279	R **07/16/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14898 SW 175 STREET** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 07/16/2018 Loving Elderly Care Inc. (License # 11364) with a Limited Mental Health component had no deficiencies identified at the time of the survey.