STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968818	R **08/30/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING CARE FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10355 SW 38 TERR** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A six month full monitoring survey revisit was conducted on August 30, 2018. Living Care Facility, Inc., with a standard license number 12671, had deficiencies identified at the time of survey, cited under the complaint survey conducted on the same day.