

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967289	(X3) DATE SURVEY COMPLETED 08/09/2018
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 Generator Assessment was conducted on 8/9/2018. AJR Loving Care Assisted Living, (LIC#11356) no deficiency was found at the time of the visit.