STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967348	R **10/08/2018**
NAME OF PROVIDER OR SUPPLIER **LORETO HOMES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **770 NW 9 COURT** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/08/2018. Loreto Homes, Inc., with a Limited Health component and license #11439, had no deficiencies identified at the time of the survey.