STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969086	R **11/08/2018**
NAME OF PROVIDER OR SUPPLIER **K AND L LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3150 WINDWARD LN** **LAKE WORTH, FL 33462**	

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

0000 - Initial Comments

AMENDED REPORT

An unannounced revisit to the Relicensure survey, was conducted on 11/08/2018 at K And L Loving Care, License #12920. Previously cited deficiencies were found corrected.