STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	R **11/26/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

On 11/20/18 to 11/26/18 a revisit to the biennial relicensure survey was conducted at Loving Angels Assisted Living (License Number: 12405). Deficient practice was not identified during the survey.