STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967463	R **01/03/2019**
NAME OF PROVIDER OR SUPPLIER **GOLD COAST LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5517 HAYES STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced Relicensure Revisit survey was conducted on 01/03/2019 at Gold Coast Loving Care ALF, Inc., License #11493. The facility corrected the outstanding deficency at the time of the survey .