STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING HEART CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on January 9th, 2019 and concluded on January 14th, 2019. Loving Heart Corp. with limited mental health component did not have deficiencies identified during the survey.