

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968565	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER EXTENDING LOVABLE LIVING ASSISTANCE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14514 STORY FORD RD ORLANDO, FL 32832	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted on 1/8/19. Extending Lovable Living Assistance, LLC had no deficiencies at the time of the monitoring visit.