

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953579	(X3) DATE SURVEY COMPLETED R 02/01/2019
NAME OF PROVIDER OR SUPPLIER SMILES & LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 GARDEN ROAD MERRITT ISLAND, FL 32952	

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

0000 - Initial Comments

2/1/19 desk review to complaint #2018011882 was conducted. Smiles & Loving Care, license # 8648, had no deficiencies at the time of the review.