STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968818	R **01/25/2019**
NAME OF PROVIDER OR SUPPLIER **LIVING CARE FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10355 SW 38 TERR** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint (CCR#2018009624) 2nd Revisit Survey was conducted on January 25, 2019. Living Care Facility, Inc. had no deficiencies identified at the time of survey.