STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969492	**02/27/2019**
NAME OF PROVIDER OR SUPPLIER **A&D TENDER LOVING CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 NE 18TH ST** **POMPANO BEACH, FL 33060**	

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

0000 - Initial Comments

An announced Initial Assisted Living Facility licensure survey, for a capacity of 6, was conducted on 2/27/2019 at A&D Tender Loving Care, LLC. The facility had no deficiencies at the time of the visit.