

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/20/2019  
FORM APPROVED

|                                                                               |                                                                                                  |                                                                     |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910890</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>02/25/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARE AND LOVE RETIREMENT HOME, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>642 EAST 21ST STREET</b><br><b>HIALEAH, FL 33013</b> |                                                                     |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on 2/25/19. Care and Love Retirement Home had no deficiencies identified at the time of the survey.