STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966463	R **04/10/2019**
NAME OF PROVIDER OR SUPPLIER **J C LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11260 SW 176 STREET** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A biennial survey revisit was conducted at JC Loving Care on . . . . . The facility had no deficiencies identified at the time of the survey.