STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911030	R **04/08/2019**
NAME OF PROVIDER OR SUPPLIER **LUCILLE'S LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **17820 NW 22ND AVENUE** **MIAMI, FL 33056**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Lucille's Loving Care on 4/8/19. The facility had no deficiencies identified at the time of the survey.