STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922240	R **04/25/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **870 7TH AVENUE NORTHEAST** **LARGO, FL 33770**	

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

0000 - Initial Comments

A revisit to an abbreviated biennial survey was conducted at Loving Care Assisted Living LLC on 4/25/19. At the time of the survey, the facility had no deficient practice.