

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968818	(X3) DATE SURVEY COMPLETED R 05/16/2019
NAME OF PROVIDER OR SUPPLIER LIVING CARE FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10355 SW 38 TERR MIAMI, FL 33165	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Living Care Facility Inc. on 05/01/19 through 05/16/19. Deficiencies were found to be corrected at the time of the survey.