STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965996	R **05/02/2019**
NAME OF PROVIDER OR SUPPLIER **TENDER LOVING CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3100 SW 79 AVENUE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Tender Loving Care ALF on 05/02/19. Deficiencies were found to be corrected at the time of the survey.