STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R **08/13/2019**
NAME OF PROVIDER OR SUPPLIER **AJR LOVING CARE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 DEAN ROAD** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

A revisit to a generator monitoring was conducted at AJR Loving Care Assisted Living on 8/13/2019. Deficiencies were found to be corrected at the time of the survey.