STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968565	**09/09/2019**
NAME OF PROVIDER OR SUPPLIER **EXTENDING LOVABLE LIVING ASSISTANCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14514 STORY FORD RD** **ORLANDO, FL 32832**	

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

0000 - Initial Comments

A re-licensure survey & complaint #2090012292 were conducted 09/09/2019. Extending Loveable Living Assistance, LLC had no deficiencies at the time of the visit.