

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 06/30/2014
NAME OF PROVIDER OR SUPPLIER Angel Care Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31st St South Saint Petersburg, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on 6/30/14.

The Angel Care Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 15, 2014

Administrator
Angel Care Assisted Living Facility
4301 31st St South
Saint Petersburg, FL 33712

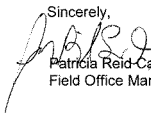
Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on June 30, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,



Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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