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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11953224</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>10/24/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Angels Garden Inc.</b>                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>8003 North Rome Avenue<br/>Tampa, FL 33604</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**Revisit Corrected Tags:**

0007-Admissions - Criteria-10/24/2014

0025-Resident Care - Supervision-10/24/2014



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

October 24, 2014

Administrator  
Angels Garden Inc.  
8003 North Rome Avenue  
Tampa, FL 33604

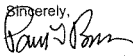
Dear Administrator:

This letter reports the findings of a state licensure survey follow-up (desk review) conducted on October 24, 2014 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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,  
  
for Patricia Reid Cauffman  
Field Office Manager

PRC/clt  
Enclosure: State (5000-3547) Form

