

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968340	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER Nursing Care By Angels, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 8085 S Babcock St Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Complaint Investigation CCR #2014011267 was conducted on 2/18/15 and 2/19/15. Nursing Care by Angels, LLC Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 6, 2015

Administrator
Nursing Care By Angels, LLC
8085 S Babcock St
Palm Bay, FL 32909

RE: CCR #2014011267

Dear Administrator:

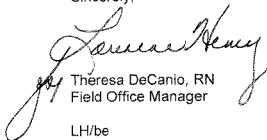
This letter reports the findings of a complaint survey completed on February 19, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

8JK1

