

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/27/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968306	(X3) DATE SURVEY COMPLETED 04/20/2015
NAME OF PROVIDER OR SUPPLIER ANGELS ON YOUR SHOULDER	STREET ADDRESS, CITY, STATE, ZIP CODE 487 GODFREY RD SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A complaint investigation CCR #2015000531 was conducted on 4/20/15. Angels on Your Shoulder had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 30, 2015

Administrator
Angels On Your Shoulder
487 Godfrey Rd Se
Palm Bay, FL 32909

RE: CCR #2015000531

Dear Administrator:

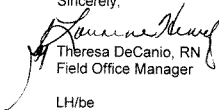
This letter reports the findings of a complaint survey completed on April 20, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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

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