STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	**05/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ANGELS HOME INC (THE)	**9564 SW 58 STREET MIAMI, FL 33173**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on May 13, 2015. Angels Home Inc (the) with Limited Mental Health and Limited Nursing Services components had a deficiencies found at time of survey which was cited under biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

Administrator
Angels Home Inc (the)
9564 Sw 58 Street
Miami, FL 33173

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on May 13, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were deficiencies noted on the date of the survey but cited under the biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com