

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/29/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966115	(X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER ANGELS FOREVER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7201 SW 142 AVENUE MIAMI, FL 33183	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on June 17, 2015. Angels Forever, Inc. with Limited Nursing Services and Limited Mental Health components did not have deficiencies found at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 29, 2015

Administrator
Angels Forever, Inc
7201 Sw 142 Avenue
Miami, FL 33183

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on June 17, 2015 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ariene Mayo-Davis".

Ariene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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