AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943052	**07/11/2016**
NAME OF PROVIDER OR SUPPLIER **ANGEL'S TOUCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2446 NURSERY ROAD CLEARWATER, FL 33764**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On July 11, 2016 an abbreviated biennial re-licensure survey was conducted at Angel's Touch. No deficient practice was identified during the survey.

License number 6665.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 19, 2016

Administrator
Angel's Touch
2446 Nursery Road
Clearwater, FL 33764

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on July 11, 2016 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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