

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968306	(X3) DATE SURVEY COMPLETED 07/18/2016
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

Re-licensure survey was conducted on 7/18/2016. Angels On Your Shoulder (License# 12257) did not have any deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2016

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

RE: Re-licensure survey

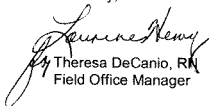
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 18, 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

