

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966115	(X3) DATE SURVEY COMPLETED R 01/30/2017
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, Fourth Revisit, was conducted on January 30, 2017. Angels Forever, Inc. (License # 10378) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.