| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963963** | R<br>**03/09/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ANGELES RESIDENTIAL, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6341 PALM AVENUE**<br>**HIALEAH, FL 33012** | |

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

**0000 - Initial Comments**

A Complaint (CCR#2016012206) Revist survey was conducted on March 09, 2017. Angeles Residential Inc., with Limited Mental Health and Limited Nursing Services component, license # 9146 had the no deficiencies found at the time of the survey.