

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968092	(X3) DATE SURVEY COMPLETED R 03/21/2017
NAME OF PROVIDER OR SUPPLIER VANGELA'S ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 789 NW 145 TERRACE MIAMI, FL 33168	

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

0000 - Initial Comments

A Complaint (CCR #2016008102) Second Revisit Survey was conducted on 03-21-17 at Vangela's ALF Corp with a Limited Nursing Services component, license #12120. The previous deficiency was corrected at the time of the survey: