

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968839	(X3) DATE SURVEY COMPLETED 03/29/2017
NAME OF PROVIDER OR SUPPLIER SYERRA'S ANGELS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ALMOND PL OCALA, FL 34472	

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

0000 - Initial Comments

On March 29, 2017 a complaint survey investigation (CCR#2017000562) was conducted at Syerra's Angels Assisted Living Facility (lic. #12707). During the survey no deficient practice was identified.