STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968790	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS WINGS SYNERGY RETREAT, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1920 N 44TH ST** **FORT PIERCE, FL 34947**	

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

0000 - Initial Comments

A Resident Wellness monitoring survey was conducted on 4/19/17 at Angels Wings Synergy Retreat, LLC, License #12653. The facility census was 3 residents. The facility had no deficiencies at the time of the visit.