STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969188	**04/27/2017**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2821 NE 18 ST** **POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An Initial Assisted Living Facility licensure survey for a capacity of 6, was conducted on 4/27/17 at Angel Care ALF Inc. The facility had no deficiencies found at the time of the visit.