

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X3) DATE SURVEY COMPLETED R 04/28/2017
NAME OF PROVIDER OR SUPPLIER HOME FOR ALL THE ANGELS CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9270 SW 42 TERRACE MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Survey revisit (CCR#2017001456) was conducted on April 28, 2017. Home for all the Angels, Corp. (license # 9648) with a Limited Mental Health component had no deficiencies identified at the time of the survey:		