STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	**05/03/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS HOME INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9564 SW 58 STREET** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on May 03, 2017. Angels Home, Inc. (The) (License # 9656) with Limited Nursing Services and Limited Mental Health had deficiencies at the time of the survey, identified under the biennial survey (Aspen ID BX1H11).