STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	R **06/06/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS GARDEN INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8003 NORTH ROME AVENUE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 06/06/17. The deficiencies previously identified during the Biennial Survey on 04/11/17 were corrected during the review.

Lic # 8437