

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969233	(X3) DATE SURVEY COMPLETED 07/07/2017
NAME OF PROVIDER OR SUPPLIER ANGELS WITH A DIVINE PURPOSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SE STEPHENS ST MADISON, FL 32340	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at Angels With A Divine Purpose for Assisted Living on 7/7/17. At the time of survey there were no deficiencies identified.