

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X3) DATE SURVEY COMPLETED R 06/27/2017
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 Standard Biennial Second Revisit Survey was conducted on 06/27/17. Home for all the Angels Corp. (License # 9648) with Limited Mental Health component had no deficiencies found at the time of the survey.		