

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968092	(X3) DATE SURVEY COMPLETED R 07/19/2017
NAME OF PROVIDER OR SUPPLIER VANGELA'S ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 789 NW 145 TERRACE MIAMI, FL 33168	

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

0000 - Initial Comments

A Complaint (CCR #2017003152) Revisit Survey conducted on 7/19/17. Vangela's ALF Corp with a Limited Nursing Service component, license #12120, had the following deficiencies found at the time of the survey.