

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965085	(X3) DATE SURVEY COMPLETED R 07/18/2017
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

An Abbreviated Biennial Survey was conducted on July 18, 2017. Angels home Inc (The) (license # 9656) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.