STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968444	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **TOUCHED BY ANGELS ASSISTED OF CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2780 NW 13TH COURT** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on 9/21/17 at Touched by Angels Assisted of Care, License #12419. The facility had no deficiencies at the time of the visit.