

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963963	(X3) DATE SURVEY COMPLETED 10/24/2017
NAME OF PROVIDER OR SUPPLIER ANGELES RESIDENTIAL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6341 PALM AVENUE HIALEAH, FL 33012	

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

0000 - Initial Comments

A standard biennial survey was conducted on 10/24/17. Angeles Residential, Inc. with a Limited Mental Health Component, license #9146 had no deficiencies found at the time of the survey.