STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968306	R **11/20/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS ON YOUR SHOULDER**	STREET ADDRESS, CITY, STATE, ZIP CODE **487 GODFREY RD SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A follow-up to a monitoring visit for Limited Nursing Services was conducted on 11/20/2017. Angels on Your Shoulder, license #12257, had no deficiencies at the time of the visit.