STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969233	**12/21/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS WITH A DIVINE PURPOSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 SE STEPHENS ST** **MADISON, FL 32340**	

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

0000 - Initial Comments

On 12/21/2017 a Limited Nursing Services survey was attempted. The facility was not open, and there was no evidence of residents living there. A telephone interview was conducted with the owner who confirmed that no residents have been admitted.