

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969233	(X3) DATE SURVEY COMPLETED 09/14/2017
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 9/14/17 a post hurricane site visit was conducted at Angels with A Divine Purpose in Madison , Florida. The facility was closed, and there was no evidence of residents. A telephone interview was conducted with the owner who stated that they are newly licensed and have not yet admitted any residents.		