

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965085	(X3) DATE SURVEY COMPLETED R 01/02/2018
NAME OF PROVIDER OR SUPPLIER ANGELS HOME INC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 9564 SW 58 STREET MIAMI, FL 33173	

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

0000 - Initial Comments

A limited nursing services monitoring fifth revisit desk review was conducted on 01/02/18 Angels Home Inc (the) with limited mental health and limited nursing services component, License # 9656 had no deficiencies identified at the time of the survey: