STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969334	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL'S SENIOR LIVING II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5855 BOGGS FORD ROAD** **PORT ORANGE, FL 32127**	

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

0000 - Initial Comments

An initial licensure survey was conducted at the Angel's Senior Living II, LLC on 2/6/2018. No deficiencies were identified at the time of the visit.