STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911818	R **03/15/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL'S TOUCH II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1735 JEFFORDS STREET** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 3/15/18 to the abbreviated biennial state licensure survey of 1/25/18. At the time of the desk review, it was determined that the previously cited deficiencies at Angel's Touch II, Assisted Living Facility, had been corrected.

(License # 5034)