STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	R **03/29/2018**
NAME OF PROVIDER OR SUPPLIER **HOME FOR ALL THE ANGELS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9270 SW 42 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017011421) Second Revisit was conducted on March 29, 2018. Home for all the Angels, Corp. (license # 9648) with Limited Mental Health component had no deficiencies identified at the time of the survey.