

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968340	(X3) DATE SURVEY COMPLETED R 04/02/2018
NAME OF PROVIDER OR SUPPLIER NURSING CARE BY ANGELS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8085 S BABCOCK ST PALM BAY, FL 32909	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2017014230 was conducted on April 2, 2018. Nursing Care by Angels, LLC, license #12241, had no deficiencies at the time of the revisit.