

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968482	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

0000 - Initial Comments

An unannounced complaint survey CCR #2018008421 was conducted on 6/20/18 at Loving Angels Assisted Living. There were no deficiencies identified during the survey.