STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968306	**06/21/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS ON YOUR SHOULDER**	STREET ADDRESS, CITY, STATE, ZIP CODE **487 GODFREY RD SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

An abbreviated re-licensure survey with Limited Nursing Services (LNS) was conducted on 6/21/2018. Angels on Your Shoulder license # 12257 had no deficiencies at the time of the visit.