STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	R **07/17/2018**
NAME OF PROVIDER OR SUPPLIER **VANGELA'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **789 NW 145 TERRACE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Third Follow Up Visit to a Biennial Survey was conducted at Vangela's ALF Corp (license #12120) on 0717/18 had deficiencies cited under the complaint revisit survey.