

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965681	(X3) DATE SURVEY COMPLETED R 08/14/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT DUNEDIN	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BELCHER ROAD DUNEDIN, FL 34698	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to a biennial survey was conducted for Angels Senior Living at Dunedin on 08/14/2018. The previously cited deficiency was found corrected via desk review. License #10034		