

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943052	(X3) DATE SURVEY COMPLETED R 09/18/2018
NAME OF PROVIDER OR SUPPLIER ANGEL'S TOUCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2446 NURSERY ROAD CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to an 8/3/18 biennial survey was conducted for Angel's Touch Assisted Living Facility on 09/18/2018. The previously cited deficiencies were found corrected via desk review.		