

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968388	(X3) DATE SURVEY COMPLETED 09/18/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR AT CONNERTON COURT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 21021 BETEL PALM LN LAND O LAKES, FL 34638	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY On September 18, 2018, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Angels Senior Living at Connerton Court Assisted Living Facility. At the time of the survey, the facility had no deficient practice. (License#12268)		